N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

village or City Aller Trederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3  [it death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while Saingle, MARRIED, Child WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h 111 alive on 191
7 AGE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Dulle Vilumma
which employed (or employer)  BIRTHPLACE (State or country)  Ball  Co	Contributory hausles (Secondary)
11 BIRTHPLAGE OF FATHER OF FATHER	(Signed) John Dubert, M. D.  Juny 7, 191 (Address) 1836 Part Height ha
11 BIRTHPLACE (STATE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Au  A  A  A  A  A  A  A  A  A  A  A  A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS)  At place In the of death
(Informant) 6 agar 3 aware as	If not at place of death?  Former or usual residence
Filed Jan 8 191 9m. G. Owen	20 Leters Jan 8, 1916
if more blanks are needed, address State Registrar, 6 l	2. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and chlidren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age ness of various pursuits can be known. The question minc, etc. "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, It should he used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from huslness, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons (%)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned mia," "PUERPEBAL peritonitis," etc. State cause for ture of the American Medical Association.) scpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanttion," "Marasgenltal," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maile-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name orlgin; "Can-Never report Examples:



No. υż

N.B.

### should state PERMANENT properly classified. Exact statement stated EXACTLY. UNFADING INK-THIS IS carefully supplied. DEATH In plain terms, so that it man See Instructions on back of certificate. WRITE PLAINLY, WITH DEATH In plain terms, of information CAUSE OF Important.

16 1 PLACE OF DEATH County Baltimore

### STATE OF MARYLAND CERTIFICATE OF DEATH

2 / .2	Registration Dist, No.
Village or City Carkville (No. , 2 FULL NAME Wolfdamar L	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Phile Single, married, windles of Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  170  I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h is alive on Jarry 26, 1915.
7 AGE If LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at 9 5 0 m.  The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Broncho- Inemoria
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Brancho - Pressure
on 11 BIRTHPLACE	(Signed) Monis D. Svern M. D. Stand Balls C
OFFATHER (State or country) EMPR  12 MAIDEN NAME OF MOTHER REQUIREMENTS. SHE COUNTRY)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CASSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Town of the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Competition of the above is true to the BEST OF MY KNOWLEDGE)	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address). Various PNA	St. Balen Country Jan 28 19, 191 5.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. causino death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." mia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

village or City Perry Hall (No. Bela	STATE OF MARYLAND CERTIFICATE OF DEATH  Rogistration Dist. No. 40  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, SUIDOWED OR DIVORCED OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That Vattended deceased from  191 , to ,191 , that I last saw h alive on ,191 ,191 ,
7 AGE  If LESS than 1 day, hrs.  where the second of the s	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Still - Born  (Durelion) yrs. mos. ds.  Contributory Secondary
10 NAME OF SULY Allison  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	(Signed)  (Signe
(Informant) MS. Luy allison  (Address) Perry Hall, Md.  Filed Apr. 23, 1915 J. H. Gorsuele  REGISTRAR	Where was disease contracted, if not el place of death?  Former or usual residence:  19 PLACE OF BURIAL OR REMOVAL  The foetus found:  29 UNDERTAKER  ADDRESS  None

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

100

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Hausework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons mill; (a) Salesman, (b) Grovery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. Hausemaid; etc. the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in If retired flom (b) Auto-

Statement of Cause of Death—Name, first, the DISTAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, letanus) may be stated Struck by railway train—accident; Revalver wound of applications of the structure of the st state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puenperal perilonitis," etc. State cause for which birth or misearriage as "Purimenal septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of . . . . . etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia Example: Measles (disease causing death), 29 ds.; Brannephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Dropsy," carbalic acid-probably "Exhaustion,

BUREAU, V.S.

BUREAU, V.S.

If this certificate is looked over thoroughly and all ques-

UNFADING INK-THIS IS A PERMANENT

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

stated EXACTLY.

of information should be carefully supplied. AGE should be signed. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

N. B.—Every Item of CAUSE OF I

### 163

### 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

County Baltimore	OBMINICALE OF BLATTI
Bay View Asylum	Registration Dist. No. 41
Village or City (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fluide 4 COLOR OR RACE MARRIED, WIDOWEO, ORDIVORCEM (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
Month) (Day (Year)	that I last saw h of alive on the last saw h of
Month) (Day (Year)  7 AGE  1 If LESS than 1 day,hrs. ORmin,?  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	and that death occurred on the date stated above, at 6 3/59m.  The CAUSE OF DEATH* was as follows:  Pullusus Pullusus.
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  State or country)	Contributory Secondary
OF FATHER  OF FATHER  OF FATHER  (State or country)  ON AME OF FATHER  OF FATHER  (State or country)  ON AME OF FATHER  OF FATHER  (State or country)	(Signed) J. G. (Address) C. (Signed) , M. O.  *State the Disease Causing Death, or, in deaths from Violent
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Mus Joseph 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Pecords  (Address) Bay View	At place of death yrs. mos. 7 ds. State yrs. mos. ds Where was disease contracted, if not af place of death?  Former or usual residence. 22 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Filed AN 5, 191.5 Man Gall	20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

WRITE PLAINLY, WITH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, cte., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less defluite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-

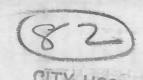


S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH County Baltimore Bay View Asylum. Village or City



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

St.;....Ward)

It death occurred in a hospital or institution, give its NAME instead ot street and number.]

FULL NAME Laura Anderson

	PERS	ONAL AND STATISTIC	CAL PARTICULA	IRS	MEDICAL CERTIFICATE OF DEATH
3 s	emale	*COLOR OR RACE White	S SINGLE,  MARRIEO 1 d  OROIVORCED  (Write the wo		16 DATE OF DEATH  January 3rd , 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRT	(Month)	(Day	, 1.873	Dec. 30th 191 4to January 3rd 1915, that I last saw her allyeon Jan 3rd 1915
7 A		42 yrs		It LESS than I day,hrs.	and that death occurred on the date stated above, at 11.45Pm.  The CAUSE OF DEATH* was as follows:
(a pa (b) bus	General nature siness, or estat	workd industry,	Housework		Cerebral Throwboses  (Ouration) yrs mos/O ds.
	(State or con				Contributory
	10 NAME OF FATHER Unobtainable			е	(Signed) (Ouration) yrs mos ds. (Signed) (Nuccoff 9 , M. D.
ENTS	11 BIRTHP OF FAT (State	LACE HER or country)	n		Jan. 4th, 1915 (Address) HOSPITAL  *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PARI	12 MAIDEN OF MO	NAME THER	11		CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOT (State	HER or country)	- 11		At place of death yrs. mos. 4 ds. State yrs. mos. ds
	(Informant)	Forpital	RECO.	LEDGE	Where was disease contracted, it not at place of death?  Former or usual residence ceubuown
15 Fil	Variable	7 tto 191 5	Myrian	Bair	19 PLACE OF BURIAL OR REMOVAL  Thus Hapkins How Jan 1915  20 UNDERTAKER  ADDRESS  (ag The Land of Burial  ADDRESS)
	V	If more bianks a	re needed, addre	ss State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen eliauged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm taborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, essary to know (a) the kind of work and also (b)For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ete., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For vio-



W. B. No.

PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

165

### STATE OF MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH	agta i 11 Sebe	STATE OF MARYLAND
	100/-	de	CERTIFICATE OF DEATH
C	ounty Jan Mines	SPECIAL SPECIA	Registration Dist. No. 38
٧	lillage or City Amuelm (No.	,	St.; Ward) [if death occurred in a hospital or institution,
	* FULL NAME Anderson 3	m	of Charles J. anders give its NAME lostead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
35	In ale White (Write the word)	9	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended decessed from
6 D	(Month) (Day) (Yes	15	that I last saw h alive on 200 6 1915
7 A	1 day,	.hrs.	and that death occurred on the date stated above, at
(a	CCUPATION ) Frade, protession, or rticular kind of work	U. (	Otelicans
bus	General nature of Industry, iness, or establishment in ch employed (or employer)		(Duration) yrs. mes. ds.
9 B	tate or country) Many Cand		(Secondary)  (Deration) mos ds.
	10 NAME OF Churles anders	~	(Signed) (Ografion) (TS) (Mos. ) (Signed) (No. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	6	*State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER MAN Paulor		CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Bulls. march	1	At place in the of death yrs mos ds. State yrs, mos ds.
	(Informant) Marles & Mullison		Where was disease contracted, If oof at place of death?  Former or
	(Address) Hamilton Zud		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil		N	20 UNDERTAKER ADDRESS ADDRESS
6	If more blanks are needed, address State Rev	-	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	Diale and		-,

[Approved by U. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTABL Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

.cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conby carbolic acid—probably suicide. The nature of the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronio ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds.; For vio-



### V. S. No. 1.

# N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Branches (No.) 2500 County PLACE OF DEATH 166  Village or City Branches (No.) 175, 2250 County Place (No.) 175, 2250	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SEX 4 COLOR OR RACE SINGLE, MARRIED, MANUEL WIDOWED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
G DATE OF BIRTH  GLUCE  (Month)  (Day  (Year)	injustinguited the death, that I lead to the death, that I lead say in allow on 1915 whent
FAGE    If LESS than   1 day,hrs.	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:  Constitution  Approving My falling  Approving My falling
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory Secondary
10 NAME OF Pohn Debustrong  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed)
12 MAIDEN NAME hot known  13 BIRTHPLACE OF MOTHER (State or country) Not known	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs mos ds. State yrs mos ds
(Informant) Clara Comelong  (Informant) Charvous Point P40	Where was disease contracted, If not at place of death?  Former or usual residence.
Filed Mar. 21, 1915 G. Parlom Jest M. REGISTRAR	20 UNDERFACER Jiskler 20 DRESS 7 3 7
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of iii-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the nisease who receive a definite saiary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite spianym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as cause. Aiways qualify all diseases resulting from genitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "Asample: Mcasics affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., accidental, suicidal, or monicidal, or as probably such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal scotichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds., etc. State cause for For vio-



### S. No. 1.

### RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

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Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

167 1 PLACE OF DEATH County Baltimore

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.26
Village or City Jean Salta Lewis &	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MONTH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Mønth) (Day (Year)	that I last saw halive on, 191
7 AGE  (C3 yes)  (It LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	from cause unknown
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Randar State	Secondary
10 NAME OF FATHER  11 BIRTHPLAGE	(Signed) Thumas Al Hill J. Po.
11 BIRTHPLAGE OF FATHER (State or country) leavest leavely 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients,
13 BIRTHPLACE OF MOTHER (State or country)	or RECENT RESIDENTS)  Af place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted.
(informant) Florence & Servel	It not at place of death?  Former or  usual residence
(Address) 253 Totales St. Ballott	PLACE OF BURIAL OR REMOVAL  ALLE STATES AND
Filed Jun 4, 1944 JUN Jay Sey Mills	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Besto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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state PHYSICIANS should of OCCUPATION IS ciassified. properly certificate, 20 0 back plai 0 OF mportant. CAUSE

instructions

RECORD

PERMANENT NX

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....43

.....Ward)

Ilt deeth occurred la a hospital or institution, give Its NAME Insteed of street and number.]

ADDRESS

1 PLACE OF DEATH

County Baltimore

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED, WIDOWED. (Mouth) (Write the word) (Month) (Day (Year) TAGE It LESS than 1 day ......hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or perticular kind of work (b) General nature of Industry. business, or esteblishment In which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was diseese contracted If not at piece of deeth usuel residence. DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Furm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinelesis of lungs, meninges, peritonaeum, etc., Carcinelesis of lungs, meninges, peritonaeum, etc., Carcinelesis of lungs, meninges, peritonaeum, etc.,

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeeause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Brouchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, s

1 PLACE OF DEATH 169



### STATE OF MARYLAND CERTIFICATE OF DEATH

County Dy wood rest	Registration Dist. No. 38
Village or City Roland Cark (No. 601 Edg 2FULL NAME Florence Elizabet	gerale Road St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Thile Single, MARRIED, Dingle WIDOWED, ORDIVORCED (Write the Word)	(Month) (Day (Year)  HEREBY CERTIFY, That attended deceased from
Debruary 4 , 911 (Month) (Day (Year)	that I last saw h W allve on 4 30 Atle, 1915
3 yrs // mos /3 ds or min.?	and that death occurred on the date stated above, at 2 Kee m, The CAUSE, OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry,	for f
business, or establishment in which employed (or employer)	Contributory de quant of for coher Secondary
on 11 BIRTHPLACE	(Signed) (Buration) yrs mos 2 ds.  (Signed) VELLEY V. Caracia, M. D.  ALL 1313 (Address) (Colared PK)
OF FATHER (State or country) New Jursey  12 MAIDEN NAME OF MOTHER JOHNS BARREN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) New York	of Recent Residents) At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
(Informant) Mr Edw Baird	If not at place of death?————————————————————————————————————
15 Filed LM 17 1915 M. I Turker	Hordisum 1. J. Date of Burial  20 UNDESTAKER ADDRESS

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. - Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as who receive a defiuite salary), may be entered as (a) Spinner, (b) Cotton mitl; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need uot be stated unless important. vatvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Cansuch, if impossible to determine definitely. Examples: mere symptoms or injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. etc., when a definite discase can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State Always qualify all diseases resulting from Meastes "Senile," etc.), "Dropsy," (Recommendatious on statement of (disease causing death), 29 ds.; terminal eouditions, such as "As-"Exhaustion," Never report cause for



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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

.. Ward)

[If death occurred in a hospital or institution. give its NAME instead of street and number. T

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I HEREBY CERTIF	TY, That I attended deceased fro
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CE OF BURIAL OR REMOV	AL DATE OF BURIAL
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Myrino	
DERTAKER	ADDRESS .

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpereal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Con-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

A PERMANENT RECORD

N. B.—Every Item CAUSE OF Important. 1 PLACE OF DEATH

Baltimore.



### STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
Vii	lage or City Bay View Asylem (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 color or race 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h un alive on land, 28, 1915.
7 A	19 yrs mos ds. OR min. ?	and that death occurred on the date stated above, at 10.51P. m, The CAUSE OF DEATH* was as follows:
) pa	Trade, protession, or gent lutture to  General nature of Industry,	Phithers Pulmonolis.
wh	iness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	Contributory Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed) To College Mrs. ds.  (Signed) To College Mrs. ds.  (Signed) As , 191 S (Address) City To Market Mrs. ds.  *State the Disease Causing Death, or, in deaths from Tollent Causes, state (1) Means of Injury; and (2) whether Accidental Causes, state (2) Means of Injury; and (2) whether Accidental Causes and (2) whether Accidental Causes (3) Means of Injury; and (2) whether Accidental Causes (3) Means of Injury; and (3) whether Accidental Causes (4) Means of Injury; and (2) whether Accidental Causes (3) Means of Injury; and (3) whether Accidental Causes (4) Means of Injury; and (4) whether Accidental Causes (4) Means of Injury; and (4) whether Accidental Causes (4) Means of Injury; and (5) whether Accidental Causes (4) Means of Injury; and (4) whether Accidental Causes (4) Means of Injury; and (5) whether Accidental Causes (4) Means of Injury; and (6) whether Accidental Causes (4) Means of Injury; and (6) whether Accidental Causes (4) Means of Injury; and (6) Whether Accidental Causes (4) Means of Injury; and (6) Whether Accidental Causes (4) Means of Injury; and (6) Whether Accidental Causes (4) Means of Injury; and (6) Whether Accidental Causes (4) Means of Injury; and (6) Whether Accidental Causes (4) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Whether Accidental Causes (6) Means of Injury; and (6) Means of Injury; and (6) M
PAR	12 MAIDEN NAME OF MOTHER  WANTING MAILANE  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 .	OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	At place of death yrs. mos. 22 ds. In the state U per authorized ds Where was disease contracted, If not at place of death?  Former or usual residence 6 18 5 Charles 19 PLACE OF BURIAL OR REMOVAL TITLE OF BURIAL
16 Fl	100 Jan 30, 1915 Musam Bur	20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the msease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. of persous engaged in domestie service for wages, as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neeness of various parsuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberçucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which sprgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childblrth or miscarriage as eanse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) "Senile," etc.), "Dropsy," "Exhanstion," may be stated under the head (Recommendations ou statement of "PUERPERAL septichae-



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RECORD

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Baltimore Registration Dist, No .... If death occurred in a hospital or Institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 SIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) If not at place of death? Former or usual residence 15 20 UNDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH	STATE OF MARYLAND
n 14.	CERTIFICATE OF DEATH
County & all me ore	9)
11 11	. Registered No.
Village or City Hamilton (No. 100-150)	St; Ward)  [if death occurred in a hospital or institution, give its NAME instead
Comme Henry	Banana of street and number.]
FULL NAME Ames Amy	7 5 00 // 1000
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	December 27, 1914, 10 Lawrenger 18 1915.
mad. 26 184:	2
(Month) (Day) (Year)	that I last saw h man alive on January 8 ,1913
7 AGE	and that death occurred on the date stated above, at 4. 3.1. m.
71- yrs. 9 mos, 23 ds. OR	The CAUSE OF DEATH* was as follows:
BOCCUPATION	mlassic Corsoning
(a) Trade protection or	Jan Jan Jahr Dioland
particular kind at work On Aughor Rail Road 9.  (b) General nature of industry,	
business, or establishment in	(Duration) yrs, — mos. 3. ds.
which employed (or employer)	Contributory inhosis of the lave +
State or country) Baltimore. In of	(Secondary)
10 NAME OF A A DA	132 f. J. d. 20 as (Duration) - yrs 2 mos ds.
FATHER John A. Barnes	(Signed) Slot gl , M. D.
11 BIRTHPLACE	Jan-19 191 5 (Address) Hansilton and
11 BIRTHPLACE OF FATHER (State or country)  Manyland	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
of Mother Julia Wilkinson	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs, mos ds.
14 THE AROVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
THE ABOVE IS THOSE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(informant) mas Blanchel lessen	Former or usual residence
(Address) Hamilton Balton hy	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16 Dendalianing	20 Cook Loudon Stow de 1 , 1913
Filed Asso 19 191 Claus Grand	26 UNDERTAKER ADDRESS
REGISTRAR	1 John Asalton Joss Malton
If more blanks are needed, address State Revistr	ar. 6 E. Franklin St., Relto, Requesting V. S. No. 1

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

AGE

CAUSE OF Important. S

N. B.

### 174 1 PLACE OF DEATH City Detention Hospital

for Insane Village or City Bay View, Astlum

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Di	ist, No4	
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St.: Ward)

[If death occurred is a hospital or Institution, give Its NAME Instead of street and number.]

	2FULL NAME HOWR	rd Bestty,		
PERSONAL AND STATISTICAL PARTICULARS		AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
a <sub>s</sub>		single, Married, widowed, orolvorced (Write the word)	Month) (Day (Year)	
6 D.	ATE OF BIRTH  (Month)	(Day (Year)	August 29th, 1914, to January 4th, 1915 that I last saw h im alive on January 3rd, 1915	
	35yrsm	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 3, 15 Am, The CAUSE OF DEATH* was as follows:	
3 (a)	CCUPATION ) Trade, profession, or ritcular kind of work	trition	General Paralysis	
bus whi	) General nature of Industry, liness, or establishment in Ich employed (or employer)	***************************************	(Duration) yrs. mos. ds.	
9 B1	(State or country) Maryla	20.4	Contributory Secondary	
ARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	know	(Signes) Philip Planester Months Months (Address) of Death of the deaths from William	
PARE	12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country)	(1)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death yrs. 4 mos. 5 ds. State 11 yrs. mos. ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) If C. Mrs. Beatty,			Where was disease contracted, If not at place of death?  Former or usual residence. 1603 Eager Street	
15 File	(Address) 1603 Eager ed Jan 4 ,191 5 M	street suam Baw	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  M. June 1915  20 UNDERTAKER  ADDRESS	
File	ed 410 + , 191 5 //V	REGISTRAR	NW. 6 20 6 502 E. North	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when uecded. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is ucc-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cssary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanitiou," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart discase; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viochildbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 d8. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.;



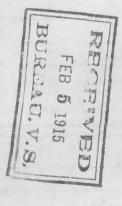
PLACE OF DEATH	STATE OF MARYLAND					
county Balty	CERTIFICATE OF DEATH					
	Registration Dist. No. 37					
Village or City Jufus - Balto County almo House St.; Ward)   [If death occurred in a hospital or institution.						
1 1	give its NAME instead					
2FULL NAME Edward Beaufoy of street and nomber.]						
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, Sungle	DATE OF DEATH					
wale white WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)					
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from					
apri 2 1845	1914, to yan , 1915,					
(Month) (Day (Year)	that I last saw h an alive on Jun 0 1915					
'AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at					
yrsmosds.   ORmin. ?	The CAUSE OF BEATTIX Was as follows:					
(a) Trade, profession, or	Khumatism					
particular kind of work.	Chrome Heart Shrease					
business, or establishment in which employed (or employer)	(Ouration) mos. ds.					
9 BIRTHPLACE (State or country)	ContributorySecondary					
10 NAME OF	(Duration)mosds.					
FATHER SCIADARIL BERANDE	(Signed) 13 , M. O. Osewan J., M. D.					
O 11 BIRTHPLACE OF FATHER	Jan 7 , 191 5 (Address) cockey spille feet					
(State or country)	*State the DISEASE CAUSING DEATH, or, in thaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.					
of Mother	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.					
13 BIRTHPLACE	or Recent Residents)  At place 2					
OF MOTHER (State or country) England	of death  yrs. 6 mos. 11 ds. State 43 yrs. 2 mos. 2 ds. Where was disease contracted.					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?					
(Interment) Church Have Ju Circl	Former or usual residence					
(Address) Texas Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL					
16	State Broad Handley Jan 7 , 1915					
Filed Acras 7 191 5 (5 13 Beneral MD)	Christian Melf					
	rar, 6 E. Franklin St., Balto., Requesting V. S. Ko. J.					

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT DEATH in plain terms, so that it m See instructions on back of certificate. Important.

UNFADING INK-THIS WRITE PLAINLY, WITH .-Every Item CAUSE OF V. S. No. 1.

N.B.

	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frenche White Single, widowed, or Divorced (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from Och 7, 1901, to Jac 94, 1915,
Aug 4 1874	that I last saw has alive on fur 8th 1965
7 AGE (Month) (Day (Yéar)	011-2
41 yrs 6 mos 0 ds OR min.?	The CAUSE OF DEATH* was as follows:  Chronic Delucional Manca with
(a) Trade, profession, or Nove	Saulshian Houseward
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.  Gontributor & Chronic Sastrilis ardiae
9 BIRTHPLACE (State or country) Delaware	Secondary Secondary
10 NAME OF John Beglen	(Signed) Frank & Flassary, M.D.
11 BIRTHELACE OF FATHER (State or country) In Country  12 MAIDEN NAME OF MOTHER Bridge Carried	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER Bridge Carrier	
13 BIRTHPLACE OF MOTHER (State or country) Prlaud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 264  in the of death 4 yrs. 0 mos. 0 ds. State 4 yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Elaware
(Informent) RECEITA & MANAGE	Former or usual residence Wilmungton Wel
(Address) My 8x dpe Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan. 10, 1916 Jam. G. Queen REGISTRAR	20 UNDERTHER JOHN ADDRESS 118 M. het. Ray of
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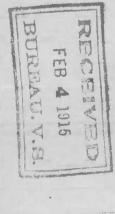
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. who have no occupation whatever, write None causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question been changed or given up on account of the nisease Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that faet may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing nearif (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carein-

oma, Sarcoma, etc., of........ (name origin; "Cau-cer" is less definite; avoid use of "Tumor" for malithre of the American Medical Association.) cause of death approved by Committee on Nomenela-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasthenla," "Auaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (secondary or interchrrefit) "Dropsy," "Exhaustion," Never report For VIO-



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(Address).....

15

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Baltimore Registration Dist, No. 41 Bay View Asylum HOSPITAL Ilf death occurred le Village or City. St.:...Ward) a hospital or Institution. give its NAME lostead of street and number.1 FULL NAME Joseph Bergman PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH January 3 SEX 4 COLOR OR RACE 5 SINGLE, Single MARRIED. WIDOWED. (Write the word) (Month) (Year) White I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH December 9this 4 to Jan. 1...847 that I last saw him alive on Jan. 5th (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 . 45A.m. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? ....mos..... 8 OCCUPATION (a) Trade, profession, or particular kind of work. Coppersmith (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE Contributory (State or country) Secondary France (Duration) 10 NAME OF FATHER Bergman Jan. 5th 1915 (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) France \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Theresse Gerhold OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the France of death \_\_\_\_ yrs. \_\_\_ mos. 24 ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST-OF MY KNOWLEDGE If not at place of death?

> ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Ballot Requesting V. S. No. 1.

usual residence.....

UNDEBTAKER

19 PLACE OF BURIAL OR REMOVAL

Eastern Ave.

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: causing neath, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. been changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially lu industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid phenomonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month. (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at day, .....hrs. The CAUSE OF DEATH\* was as follows: ---min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. If not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 15 20 UNDERTA ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING MEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Duy laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopmeumonia (secondary), 10 ds. Never report ecr" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of sknil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL perilonitis," ehildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Accidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 8 1915

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

may be properly classified.

\* DEATH in plain terms, so that it m See instructions on back of certificate.

N. B.—Every Item of Information CAUSE OF DEATH in pial

important.

AGE

supplied.

PERMANENT stated EXACTLY.

### S. No. 1.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.....Ward)

[If death occurred lo a hospifal or Institution, give its NAME instead of street and number.]

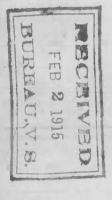
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, Single WIDOWED, ORDIVORCED WITH the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	thst I last ssw h alive on
7 AGE 3 Unisconing If LESS than 1 day,hrs.	and that death occurred on the date stated above, st
a) Trade, profession, or particular kind of work	I to I I DID I
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Holethorhe Washington Re	Contributory Laftan be of land
10 NAME OF FATHER OS H Bider	(Signed) JARC , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAINTER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Elizabetha Krower	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSFERS
13 BIRTHPLACE OF MOTHER (State or country)	Af place in the state of death yrs mos ds.
(Informant) Elyphista Browner	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Hullhorte  Filed an 9 1915 - T. Parks.	19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  20 UNDERTAKER  ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an cssary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Auaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichue ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertakeu. For vio-"Heart failure," "Haemorrhage," "Juanition," "Maras The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



No. 1.

V. S.

A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

County County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Viilage or City Int William Bla	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Pol. S BIRTH  4 COLOR OR RACE S SINGLE, MARRIED, MINE of ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from 191.2.
(Month) (Day (Year)  7 AGE   If LESS than 1 day, hrs.    9 OCCUPATION   SOCCUPATION   SOCCUPATION	and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory EVAL AMALALIA TABLE Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF Mother	(Signed) , M. (Signed) , M. (Signed) , M. (Signed) , M. (Address)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death
Flied S, 191 5 4, 14. Peull.  REGISTRAR  If more blanks are needed, address State Regis	20 UNDERTAKER  Oulles  Address  Address

180

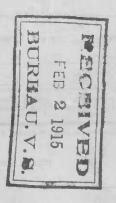


[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner; (b) Colton mill; (a) Salesman, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are eugaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted the form for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, perilonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephrilis, oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL perilonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Idanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
totalling 191	CERTIFICATE OF DEATH
County all more	Registered No. +83-38
All And to Me	
Village or City M. / Whington - (No.	ighland Avest; Ward) [If death occurred in a hospital or institution,
Al	give its NAME instead of street and number.
2 FULL NAME JAMEN OUNT	remi Olasle
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Lewsle White (Write the word)	(Month) (Day) (Year)
	17 / I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	Jany 17 1915, 10 Vary 16 1975
(Month) (Day) (Year)	that I last saw him alive on Vary 16 1915
7 AGE If LESS than	
1 day bre	and that death occurred on the date stated above, at
	A SEATTLE WAS AS TOROWS:
BOCCUPATION (a) Trade, profession, or	munnin)
particular kind of work.	
(b) General nature of industry, business, or establishment in	(Duration) Arts. mas 2 de
which employed (or employer)	The state of the s
9 BIRTHPLACE (State or country)	(Secondary)
- Oulmin Wa	(Duration) yrs. mos. ds.
10 NAME OF Shu L. Wolcott.	(Signed) / illiams & Judas , M D.
OF STATES	Vary 19, 1916 (Address) Till Haghungton Jolf
Z (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
Q 12 MAIDEN NAME OF MOTHER	
a mucha Caylor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs, mos ds. Where was disease contracted,
Marian Bluke Dull	If not at place of death?
(Informant)	usual residence
(Address) Tenonte me Mr. Washingt	19 PLACE OF BURIAL OR REMOVAL DETE OF BURIAL
15 1 0 0 - M 1 D 1 0 -	Cathedral Genetery Jan. 19, 1915
Filed Fall 18 1915 Ja Volla	20 UNDERTAKER ADDRESS
Allprity does REGISTRAR	Molerry W. Means Man 895 n Calvert J.
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the pisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho receive a definite saiary), may be entered as material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has For persons (0)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc... Carcinosis

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pureperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for malig-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," \_\_ (name origin; "Candeath), 29 ds.; For vio-



RECORD

N. B.—Every ltem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

County Baltimore  Bay View Asylum.  Village or City  (No					CERTIFICATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 4  St.; Ward)  [If death occurred in a hospifal or institution, give its MAME instead
	²FU	LL NAME HO	ırietta F	Bolst	of street and number.]
	PERSO	ONAL AND STATISTI	CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 s	emale	4 COLOR OR RACE White	5 SINGLE, MARRIED MAIL WIDOWED, ORDIVORCED (Write the wo		16 DATE OF DEATHJanuary 14th , 1915
6 DATE OF BIRTH					June 27th 1914 to January 14th 1915.  that I last saw her alive on January 14th 1915.
7 AGE (Month) (Day (Year)  1 If LESS fhan 1 day,hrs. 25yrs					and that death occurred on the date stated above, at 3, 30. P. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus wh	General nature siness, or estab lch employed (or	ork			Senility  (Duration) yrs mos 5 ds.  Contributory Brancha Pneumonia
	State or cou	Germany	7		secondary
	10 NAME OF	u	nkno	un	(Signed) Hary Soldsmith M. D.
ARENTS	-	r country)	ermany		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicipus or Headens of Causes.
PAR	12 MAIDEN NAME OF MOTHER Unknown				18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPASS
Ì	13 BIRTHPL OF MOTI (State o	ACE	ermany		At place of death yrs6 _ mos18 ds. State yrs, mos ds
		s true to the BES			Where was disease contracted, If not at place of death?  Former or usual residence 173 N Duncan Street
16	1	173 N. Dur		et Rair	19 PLACE OF BURIAL OR BEMOVAL  DATE OF BURIAL  DATE OF BURIAL  PARTIES  20 UNDERTAKES  ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Mcastes affection ueed not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Inmor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (uame origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For vio-



	1 PLACE OF DEATH 183  unty Balter  11 liege or Gity Heath brook, PKNo. 1017  2 FULL NAME Wilton 96. 7	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 185  Aulls Road St; Ward)  South Registered No. 185  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale. white (Write he word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
8 D#	MATE OF BIRTH  Absil 17, 1882.  (Month) (Day) (Year)	that I last saw h Lua alive on 1/19, 1913
7 AG	2. yrs. 9 mos. 2 ds., or. min.?	and that death occurred on the date stated above, at 10 P, m, The CAUSE OF DEATH* was as follows:
(a) pari (b) busin	CUPATION Trade, profession, or Thotorman floular kind of work.  General nature of industry, ness, or establishment in h employed (or employer)	Lobar Premuonia (Duration) yrs. mos 13 ds.
9 811	att or country) 211d.	Contributory (Secondary) (Deration) yrs mos ds.
PARENTS	10 NAME OF FATHER LOLL Bond  11 BIRTHPLAGE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER A STATE OF MOTHER	(Signed) — Co., (M. D. )  Ann. 2/, 1915. (Address) 2020 M. Clearles  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
	Informant Silly Maria Bond.  Address # 1017 Falls Road.	Former or usual residence  **DPYACL OF PRAIALIOR REMOVAL**  ADATE OF BURIAL
1 5 Flie	Jan 21, 1915 M. y Porla Registrar de Cal REGISTRAR de	Menows th. & Son 3617 Chestun aus
U	if more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Tuespenal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," by curbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Ileart failure," "Haemorrhage," "Inanition," "Maran-"Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (secondary or intercurrent) (name origin; "Can "Exhaustion," Never report Examples: For vio-



RECORD

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### E OF MARYLAND ICATE OF DEATH

1 PLACE OF DEATH	184	STAT
ounty Baltimore	(81)	CERTIF
		Regi
Raw View Aculum	CITY HOSPITAL	

Registration	Dist.	No	47

Illage or City Bay View Asylum.	CITY	HOSPITAL
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St.; Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.]

### FULL NAME Samuel Boston

	PE	RSONAL AND STATISTIC	CAL PARTICULARS	S	MEDICAL CERTIFICATE OF DEATH		
3 si	il e	4 color or race Black	WIDOWED, Widowed		January 31 st, 1915  (Month) (Day (Year)		
6 DATE OF BIRTH					January 29th 1915, to January 31, 1915, that I last saw h im alive on January 31st. 1915		
7 AGE (Month) (Day (Year)  1 t LESS than 1 day,hrs. 0 c min.?			1	It LESS than day,hrs.	and that death occurred on the date stated above, at 10.15 Ph.  The CAUSE OF DEATH* was as follows:		
(a) pai (b) bus	iness, or e	ssion, or of work			Schility leukurow		
which employed (or employer)  9 BIRTHPLACE (State or country)  Maryland				***************************************	Contributory Octerio Sclerosio Secondary		
	10 NAME OF FATHER Henry Boston				(Signed) (Price) s mos ds.		
ENTS	11 BIRTI OF F (Stat	HPLACE ATHER te or country) Mary	land		Feb. 1st., 191.5. (Address) ITY HOSPITALIST (Address) TY HOSPITALIST (A		
OF FATHER (State or country) Maryland  12 Mailen Name of Mother Emaline Holland  13 BIRTHPLACE OF MOTHER (State or country) Maryland					TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place  In the		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)					where was disease contracted, if not at place of death?  Former or usual residence 310 Pierce St. cor State.		
15 File	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2nd, 191 5 M	ran Bu	W 224_	19 PLACE OF BURIAL OR REMOVAL  Col. of Physicians & Feb. 2nd 1915  20 UNDERTAKENT GEORS:  ADDRESS 1109 N. Gilmo:		
				GISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm taborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, It is nee-Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobite factory. The essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Ptanter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton milt; (a) Salesman, (b) For many occupations a single word or term ou the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of tungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably vateular heart disease; Chronic interstitiat nephritis, nant neoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclalnjury, as fracture of skull, and eonsequences (e. g., by carbotic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for mallg-"Contributory." dent; Revotver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Meastes "Senile," etc.), "Dropsy," (Recommendations on statement of (disease eausing death), 29 ds.; "Exhaustion," For vio-



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pinous PHYSICIANS shoul RECORD Exact statement PERMANENT classifled. should INK-THIS properly AGE Pe UNFADING may certificate. that 80 of WITH terms, Should 0 PLAINLY, plain instructions \_ EATH ō 0 Item OF Every Item CAUSE OF Important.

13 BIRTHPLACE OF MOTHER (State or country)

15

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Very

w

STATE OF MARYLAND CERTIFICATE OF DEATH Bulles Registration Dist. No. Village or City Sprens Pout Ilf death occurred in a hospital or Institution, give Its NAME Instead of street and number. I FULL NAME..... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ... 191..... to (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: -----ds. BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) yrs. mos. ds. which employed (or employer) -----Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

11	At place	In the			
H	of death yrs mos ds.	State	yrs,	mos	ds
	Where was disease contracted, If not at place of death?				

Former or

usual residence.

	t Hill	0	clary
20-UNI	 		

DATE OF BURIAL

S. Bourn (Parent

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 8 1915 BUREAU, V.S. UNFADING INK

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PHYSICIANS should state of OCCUPATION is very

Exact statement

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See Instructions

OF

Every item CAUSE OF Important.

Information

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PARE

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(Informant)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

AGE

RECORD

PERMANENT

1 PLACE OF DEATH

(unknown)

KNOWLEDGE

REGISTRAR

Ireland

### STATE OF MARYLAND CERTIFICATE OF DEATH

CountyD	84-0-TINO-C-6			Registration Dist, No. 41	
				SPITAL St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERS	SONAL AND STATISTIC	CAL PARTICULAR	S	MEDICAL CERTIFICATE OF DEATH	
Female White Single, Widowed on Subsection (Write the word)			January 28th , 191 (Month) (Day (Year)		
8 DATE OF BIR	TH (Month)	(Day	, 1. 843 (Year)	January 27th 191 5, to January 28th 191 that I last saw her alive on January 28th 192 that I last saw her alive on January 28th 193 that I last saw her alive of	
7 AGE	72 yrs	mosds.	If LESS than I day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 30 P. m. The CAUSE OF DEATH* was as follows:	
(a) Trade, professi particular kind of (b) General nature business, or esta which employed (o	on, or work House of industry, blishment in			Jangrene of the Leg  (Duration) yrs mos de	
9 BIRTHPLACE (State or co	ountry) Irelan	nd		Gentributory lyocardial Insuffectives	
10 NAME C	OF R	Finnicky	4	(Signed) (Si	
V 11 BIRTHE OF FAT	LACE			Jan. 28th191 5 (Address) TY HOSPITAL *State the Disease Causing Death, or, in deaths from Violen.	

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

OR RECENT RESIDENTS) At place tn the \_\_\_\_ yrs. \_\_\_ mos. State Where was disease contracted,

tt not at place of death? usual residence 3yr . - 5mo . -21

	And the state of t
PLACE OF BURIAL OR REMOYA	DATE OF BURIAL
O TIMPEDIANES	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

WRITE

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

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UNFADING

WITH

WRITE

RECORD

PERMANENT

STATE OF MARYLAND state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No... fit death occurred in .....Ward) a hospital or institution. give its NAME lostead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased stated classified. pe (Month) (Day (Year) TAGE If LESS than pinous 1 day .....hrs. OR ..... min. ? properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF 20 0 terms. ARENTS OF FATHER should (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country c At place In the of Inform DEATH of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State Where was disease contracted, See If not at place of death?\_ Former or OF usual residence. mportant. DATE OF BURIAL Every 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for unlig by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabiy which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples: For VIO



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OCCUPATION IS very PHYSICIANS 0 Exact statement EXACTLY. stated classifled. should properly AGE carefully supplied. тау certificate. 80 10 See Instructions on back plain terms. pinous Item of information DEATH IN CAUSE OF Important.

1 PLACE OF DEATH

County Baltimore

Village or City.

Female

SOCCUPATION (a) Trade, profession, or

(b) General nature of industry. business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

(informant)

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER

DATE OF BIRTH

3 SEX

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.41

HOSPITAL.

St .: .....Ward)

Ilf death occurred to a hospital or institution. give its NAME instead of street and number.]

FULL NAME Mand Brown

PERSONAL AND STATISTICAL PARTICULARS

(Month)

MARRIED.

WIDOWED. ORDIVORCED (Write the word)

.mos......ds.

North Carolina

North Carolina

Hattie Keeling

North Carolina

(Day

Bay View Asylum.

4 COLOR OR RACE

Black

28 yrs...

which employed (or employer) -----

Henry Forden

particular kind of work Domestic

L ST	MEDICAL CERTIFICATE OF DEATH		
owed	January 10th ,1915 (Month) (Day (Year)		
	17 I HEREBY CERTIFY, That I attended decessed from		
W.	Dec. 10th 1914 to January 10, 191 5,		
1.887 (Year)	that I last saw h.er alive on January 10th , 1915		
LESS than	and that death occurred on the date stated above, at 2.30Pam.		
day,hrs. min. ?	The CAUSE OF DEATH* was as follows:		
	Tapercular Enteritio		
	(Duration) yrs		
***************************************	Secondary Costula = un ano		
	(Signed) W Houston Toulson M. D.		
	Jan. 11, 191 5 (Address) GITY HOSPITAL.		
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS)  Af place in the of death yrs mos ds. State yrs mos			
QE \	Where was disease contracted		
we			
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
ser	20 UNDERTAKER ADDRESS		
STRAR	7. Lucley 1109 7. Librar		
tate Regist	rar, 6 E. Franklin St., Balto, Requesting V S No. 1		

RECORD PERMANENT 4 THIS UNFADING INK-PLAINLY, WITH WRITE m ż

If more blanks are needed, address S

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never retnru Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmouia," nngualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'UERTERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Marasgeultal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



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PHYSICIANS should of OCCUPATION IS Information DEATH In Instru OF mportant. Every It B ż

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 40 Elf death occurred in .....Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. SET 4 COLOR OR BACE MARRIED. WIDOWED, (Month) ORDIVERCED
Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than and that death occurred on the date stated above, at 10, 20  $a_{
m m}$ 7 AGE 1 day.....hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) State ...... yrs, ...... mos. ..... ds. of death Where was disease contracted. If not at place of death?... Former or REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

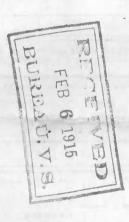


[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUIBPERAL peritonitis," etc. childbirth or miscarriage, as "Purspenal septichneetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



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PHYSICIANS should state of OCCUPATION is very RECORD may be properly classified. Exact statement PERMANENT stated EXACTLY. AGE should be UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH .-Every Item of Information should be CAUSE OF DEATH in plain terms, s Important. 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

VIIIage or City Highlandtown (No Sydenham Hospitast;

[It death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

	FULL NAME MANUAL LINGUISM	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	**COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
8 D	ATE OF BIRTH	
	Mukenown	Jun 29th, 1915, to June 29 1915,
	(Month) (Day (Year)	that I last saw her alive on fars 2900, 1915
TA	GE It LESS than	and that death occurred on the date stated above, at 11.10 Pm.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrsds. or min.?	Masal and Tousellar delpthen
	CCUPATION ) Trade, protession, or	the summer to the summer
pa	rticular kind of work	**************************************
(b)	General nature of Industry,	Unknown
	iness, or establishment in	(Duration) yrs. mos. ds.
-	IRTHPLACE	Contributory From Towned Toxacmile
	(State or country)	Secondary Turknown.
	10 NAME OF	(Ouration) yrs mos ds.
	FATHER M. / P.	(Signed) , M. D.
S	11 BIRTHPLACE	Jan 300, 1915 (Address) Syclembon Hospited
PARENT	OF FATHER (State or country)	
III	12 MAIDEN NAME	*State the DISEASE CAUSING BEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER PARTY The Line	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	ON RECENT RESIDENTS
	OF MOTHER (State or country) Political M.	at place of death yro. Mos. state 9 yrs. mos. ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	1 M 73 1 26,	If not at place of death?
	(Informant)	usual residence 508 & Human ft
	(Address 1003 W. Balls. Ja	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(ACUITOS)	News Cathed of C Jan. 302 1915
	O 20th of Will min	20 UNDERTAKER ADDRESS
Fil	ed Jan 30, 1913 Stephen Begistran	In B. Cooke, Vans del B.
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		nar, o E. Frankin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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mere symptoms or terminal conditions, such as "Asvalvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can "Coutributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichacete., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Exhaustion," For VIO-



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should OCCUPATION PHYSICIANS RECORD ō statement PERMANENT EXACTLY Exact stated classifled. be D THIS properly ы XX pe supplied UNFADING may certificate. that 08 50 WITH terms, n back pinous 0 PLAINLY plain instructions 2 DEATH WRITE See 0 OF mportant. Every It

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### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR O'R RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day /3.hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? mos .... BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which amployed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_ mos. \_\_ Where was disease contracted. if not at place of death?... Former or usuai residence. BURIAL OR REMOVAL (Address) DATE OF BURIAL alle 15

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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ADDRESS



[Approved by U. S. Census and American Public Health Association.]

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### RECORD PERMANENT EXACTLY. classified. 0 -THIS properly supplied. pe UNFADING may WITH terms. pinous piain 'n DEATH

0 9 PHYSICIANS shoul statement certificate. 0 back LO Instructions 0 FO Important. ы Every -

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in a hospital or institution. give its NAME Instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO ordivorced (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH that I lest saw hall (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, 1 day hrs. was as follows: OR .. ...min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) . (...) 9 BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 2... (Address) mule ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ \_ ds. Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF KNOWLEDGE It not at place of death?-Former or usual residence. BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 ... 191. UNDERTAKER ADDRESS REGISTER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible and determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallg-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senilc," ctc.), "Dropsy," "Exhaustion, (Recommendations on statement of Never report



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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

194		
1 PLACE OF DEATH	STATE OF MARYLAND	
Battanice 1001	CERTIFICATE OF DEATH	
County (8)	Registration Dist. No. 40	
Village or City Var slap hid (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead	
FULL NAME Edward Cods	of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
nule of the word)  4 COLOR OR RACE  5 SINGLE, MARRIED MARRIED WIDOWED  (Write the word)	(Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	that I last saw h alive on 20 , 1915.	
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 920. Q. m.	
6 7 yrs mos. 2 5 ds. OR min. ?	The CAUSE OF DEATH * was as follows:	
8 OCCUPATION (a) Trade, protession, or particular kind of work	and family	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 4 yrs. mos. ds.	
9 BIRTHPLACE (State or country)	Contributory (Secondary)	
10 NAME OF FATHER Edward P. Currence	(Signed) (Si	
OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT	
12 MAIDEN NAME OF MOTHER Mane a Anote	TAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death	
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?	
(Intermant) authorized	Former or usual residence	
(Address) to Gehan explain willy of a.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed Law 31 1915 S.F. Hydrench	20 UNDERTAKER ADDRESS	
REGISTRAR	Soseful Coop Balls high	
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. the nature of the business or industry, and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasended"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum,

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichae etc., when a definite disease can be ascertained as the thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ample: Measles (disease causing affection need not be stated unless important. er" is less definite; avoid use of "Tumor" for mails "Contributory." "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples:



PHYSICIANS shoul RECORD PERMANENT classi THIS properly XX supplied. UNFADING terms, plain 2 I EAT WRITE 0 A OF

1 PLACE OF DEATH

Very CERTIFICATE OF DEATH County Baltimore Registration Dist. No.47 Village or City Bay View Asylum. Ilf death occurred in St:----Ward) a hospital or institution give its NAME instead of sfreef and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Month) ORDIVORCED
(Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 18.6.3 (Year) (Day (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? -mos. -----8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) certifica 10 NAME OF FATHER of S 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE OF MY KNOWLEDGE If not af place of death? Item usual residence. mportant. ы DATE OF BURIAL CAUSI (Address) ..... 15 ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puenperal peritonitis," etc. childbirth or misearriage as "Puerperal septichacample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) telanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s

Important.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

A PERMANENT

### 1 PLACE OF DEATH

196



### STATE OF MARYLAND CERTIFICATE OF DEATH

Gounty Baltimore	CERTIFICATE OF BEATH
	Registration Dist. No. 41
Village or City (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 26, 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	The state of the s
$\rho \gamma \delta$ ,	NCC 3/, 1914, to Jan 26, 1915
(Month) (Day (Year)	that I last saw ham alive on Adam 2 5,1915
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at 1:30 Am.
3 6 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min.?	
(a) Trade, profession, or particular kind of work	Phehisis pulmandis
(b) General nature of industry.	
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF	(Duration)yrsmosds.
FATHER Con Change	(Signed) T. Z. Callaham, M. p.
O 11 BIRTHPLACE OF FATHER	Jan 26, 191 5 (Address) City Il Idrahital
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Z	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SURJUNG OF HOMEON OF HO
W 12 MAIDEN NAME OF MOTHER 7	TAL, SUICIDAL, OF HOMICIDAL.
a Live Harry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)	of death yrs. mos? Q ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Sospilal Records	Former or usual residence 527 W alum alley
(Address) Bay Villa	19 PLACE OF BURIAL OR REMOVAL / PATE OF BURIAL
16	19412h 11/18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Flied an 27,191 5- Mariam Bo 15/	29 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the additional fine is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation as Day laborer, Farm laborer, Laborer-Cval "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla scpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

Q	TLY. PHYSICIANS	Exact statement of	
SECO!	EXAC	sified.	
WRITE PLAINLY, WITH UNFADING INK-IHIS IS A PERMANENI RECORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.
*	Every item of	should state (	OCCUPATION
	N.B		

PLACE OF DEATH 197	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Village or City Canton Holfow",	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Infant	Clark Of sireet and number.]
PERSONAL AND STATISTICAL PART CULARS	MEDICAL CERTIFICATE OF DEATH
Unknown & White Single, Combryo of Divorced Write the word)	16 DATE OF DEATH  Annual Month (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 1 (Year)	that I last saw halive on
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs. mos. ds, or min.?	1+11 3
8 OCCUPATION (a) Trade, profession, or particular kind of work	Sully-Row
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Maryland	Secondary (Ourgition) yrs. mos. ds.
10 NAME OF Charles #. Clark	(signed) SY.73. Tillow, M. O. Carrell  [au 19, 1915 (Address 3035 O' Ronnell
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O	*State the DISEASE CAUSING DEATH, or, in deaths from VioLent CAUSES, state (1) Means of Injury; and (2) whether Accidental
of Mother Jane E. Myers	SUICIDAL OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) New Jersey	At place In the pf death yrs mos ds. State, yrs mos ds.
(Informant) Jane G. Clark	Where was disease contracted, If not at place of death?
(Address) Canton Hollow	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL X hors Hapkins Med Jehn 191
Filed an 30, 1915 W. E. Mc Clanakan REGISTRAR	and as Specimen ADDRESS

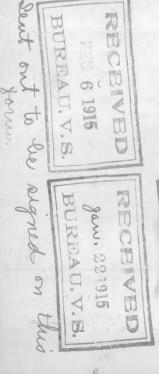
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (relired state oecupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapmeumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of bungs, menin-

on statement of eause of death approved by Committee on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. State cause for which birth or misearriage as "Puerperal septichaemia," eause. mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial etc., when a definite disease can be ascertained as the rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull (merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-"Dropsy," Never report mere "Exhaustion,



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	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.

Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Lif death occurred in a hospitel or institution, give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE WIDOWED (Month) (Dav) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) and that death occurred on the date stated above, at ........ 3 If LESS than 7 AGE 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? Unterio Seleviore BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. ... Where was disease contracted. If not at place of death? .... Former or naual residence 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

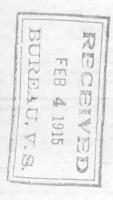


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (4)

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritte nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Never report



V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o PLACE OF DEATH
County Ballim Pri



199

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 4

Ko Ko

[If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Wedowed Windows (Write the word)	16 DATE OF DEATH / 8/15 (Month) (Day (Year)
TAGE  O DATE OF BIRTH  Provide 16 H, 1856  (Month) (Day (Year)  Tage If LESS than	that I last saw h Zunalive on June 15 191 and that death occurred on the date stated above, at 15 mm
BOCCUPATION  (a) Trade, profession, or particular kind of work  (b) Trade, profession, or particular kind of work	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  Pairthplace	Gontributory Dralmatara
10 NAME OF FATHER Hot Muoron	Secondary (Deration) yrs mos ds (Signed) + / Herry M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE ISTRUCTO THEYBEST OF MY KNOWEDGE AC	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds, State yrs, mos, ds Where was disease contracted,
(Informant) Hellan toville (Address) 3603 Fait av	if not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVA  DATE OF BURIAL
Filed Jan. 11, 19 U.C. P. Claudian	29 ONDERTAKER JOHN SOLLAND APPRESS APPRESS POLICE
Filed Jan. 11, 19 W.E. M. Claudian REGISTRAN	Mit Carmel Con Jan 1140

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) scpsis, tctanus) by carbolic acid-probably suicide. deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. "Contributory." is less definite; avoid use of "Tumor" for mallg-The contributory (seeondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1915 BURBAU. V.S.

state Very 10 PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. 0 INK-THIS properly AGE UNFADING suppl may 80 of WITH back pinoy PLAINLY, plain Instructions Information 2 of Inford P Every item CAUSE OF Important.

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

(Address)

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### 1 PLACE OF DEATH Registration Dist. No. Village or Gity -Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE O 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ACCORDING OR DIVORCED (Write the word) Marros (Month) I HEREBY CERTIFY, That I DATE OF BIRTH fall 3191 4 to 4 612 that I last saw harmasalive on ...... (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated t day .....hrs. OR ..... min. ? well-protozen 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) \_\_\_\_\_ vrs \_\_\_ mos \_\_\_ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER (Signed). 11 BIRTHPLACE ..., 191 .... (Address) ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

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DEATH	
(Day	, 1915 (Year)
	deceased from
and is	26, 1912 32, 1912

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

1	18 LENGTH OF RESIDENCE (FOR H	OSPITALS, INSTITUTION	NS, TRANSIENTS
	At place of death yrs, mos ds. Where was disease contracted,	In the State yrs,	Mos., ds

If not at place of death?

19	PLACE	95	BURIAL	OR	REMOVAL

DATE OF BURIAL

ADDRESS

--- 4 ..... YES 0

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

Former or

neual residence

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Physician, Compositor, Architect, Locomotive engineer, should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, -Precise statement of occupa-(b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vro-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (secondary or intercurrent)



PHYSICIANS should state of of the state RECORD statement PERMANENT EXACTLY. stated classified. 4 should -THIS properly AGE carefully supplied.
to that it may be post certificate. of certificate. so that it WRITE PLAINLY, WITH pe See instructions on back Item of information should b E OF DEATH in plain terms, CAUSE OF Important.

UNFADING INK

201 1 PLACE OF DEATH County.....



REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bayto., Requesting V. S. Vo. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	untyBaltimore	No. of Concession, Name of Street, or other Parket		
	Constant the	and the state of t	Registration Dist.	No
Vil	2FULL NAME Searce	No. MIC, F	Mard)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTIC	JLARS	MEDICAL CERTIFICATE OF	DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the	Per tep	16 DATE OF DEATH  Wonth)  17 I HEREBY CERTIFY, That I a	3 0 ,1915 (Day (Year)
6 D	ATE OF BIRTH	1886	Dec 18,191 4 to Jac	~
7	(Month) (Day	(Year)	that I last saw har alive on	20, 191 (7
TA	2 9 yrs mos	1 day,hrs.	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	bove, at 30 m,
(a) pa (b) bus	CCUPATION ) Trade, profession, or Correction for Correction for the Correction of Work  General nature of Industry, Iness, or establishment in	akeri	Phetricip puran	yrs. ( mos. ds.
_	RTHPLACE (State or country)	8	Contributory Secondary	1
ARENTS	10 NAME OF FATHER COLOR TO COL	room	(Signed) . T. Callal  *State the Disease Causing Death, or, i CAUSES, state (1) Means of Injury; and TAL, SUICIDAL, or HOMICIDAL	mos ds.  N. 0.  N. 0.
Ъ	13 BIRTHPLACE OF MOTHER (State or country)	<u>elba</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)  At place of death yrsL mos	
31	(Interment)	esas Line	Where was disease contracted, If not at place of death?  Former or usual residence. 1 \ 2 \ 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	uii )
16	1 min	7	Balto. Cemetery	

V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. who have no occupation whatever, write Nonc. eated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Iverperal septichae etc., when a definite disease can be ascertained as the ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "MarasgenItal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustlon,"



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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. lif death occurred in Village or City St .: Ward) a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR BAGE MARRIED. WIDOWED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a t day. hrs. ....min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 1 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. If not at place of death? usual residence (Address) .---15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Cancanse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," State cause for "Exhaustion," Never report For vio-



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1 PLACE OF DEATH Very SICIANS shoul St :----Ward) PHYSICIAN PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH WIOOWED/Narues (Write the word) (Month) (Day (Year) TAGE If LESS than Cla f day, .....hrs. OR ..... 7 properly BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of Industry. business, or establishment in may which employed (or employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 50 terms, n back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country Information shift in plain to instructions or 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. DEATH Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or Every Item CAUSE OF Important. usual residence. 15 20 UNDERTAKE

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 93

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

(Month) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at (Ouration) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerreral septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Puerperal peritonitis," Always qualify all diseases resulting from tctanus) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (disease causing etc. State cause for death), 29 ds.; For VIO



PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Halliman County	Registration Dist. No.
Village or City Highlaneltonn (No. 423	S. Sinesth St.; Ward) [It death occurred in a hospital or Institution,
FULL NAME LAWRENCE Cust	give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single,  Married,  Married,  Mordivorced  Write the word	16 DATE OF DEATH (Month) (Day (Year)
Movember 10 . , 1914  (Month) (Day (Year)	that I last saw h alive on Jan 8, 1915
7 AGE 2 It LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry,	Bronelo Premina
business, or establishment in which amployed (or amployer)	(Duration) yrs. mos. 4 ds.
9 BIRTHPLACE (State or country) High lund town	Secondary (Burglian)
10 NAME OF Joseph Custurg	(Signed) (Signed) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
12 MAIDEN NAME OF MOTHER JAMES AND STREET	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was diseasa contracted,
(Informant) Jaseph Carshing	It not at placa of death?  Former or usual residence
(Address) 423 Seneral shut	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jau 30 , 1914 O.E. The Canaleau M.	20 UNDERTAKER  ADDRESS  T
	strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

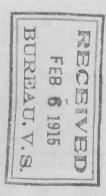
204

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," (4)

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LENT DEATHS state MEANS OF INJURY and qualify as affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



No.

pinous OCCUPATION PHYSICIANS RECORD Exact statement PERMANENT classifie properly pe supplied. UNFADING may certificat 80 0 back terms, plain Instructions = of Inform DEATH See Instru Every Item CAUSE OF Important. S

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205 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. ORDIVORCED (Write the Wo (Month) (Day I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day Year) 7 AGE if LESS than 1.50 Cm. and that dasth occurred on the date stated above, at 1 day, hrs. OR ..... 7 8 OCCUPATION nace -(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death \_ \_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_\_\_ yrs. Where was disease contracted. BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 16 ADDRESS REGISTRA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 6 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

206 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 4

.st.;----....Ward) [If death occurred in a hospifal or institution, give its NAME lostead of streef and nomber.]

FULL NAME Morris Dappric	give its NAME lestead of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acolor or race Single, Married, Widowed (Write the word)  6 DATE OF BIRTH  July 24, 1840 (Youth) (Day (Year)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from Loco 2, 1914, to fau 4, 1915.  that I last asw him alive on fau. 4, 1915.
7 AGE    If LESS than   1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Jassus Managels  (b) General nature of industry, business, or establishment in which employed (or employer)	Della har (Ouration) yrs mos 10 ds.
BIRTHPLACE (State or country) Germany	Contributory Cong Science of Secondary  (Doration) yrs mos 3 ds.
10 NAME OF JANK ONOWY	(Signed) John Steam, M. D. Lan 5, 1915 (Address) Settings Med.
11 BIRTHPLACE OF FATHER (State or country) Lukenow  12 Maiden Name OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Muknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos, ds  Where was disease contracted.
(Informant) Chas. J. Januare	If not at place of death?————————————————————————————————————
(Address) Glenary RF. D. J. Md.  15 Filed Law Ce 1915 - J. F. H. Joseph Registran	PLACE OF BURIAL OR REMOVAL  Sheshift Sucre Com. Jan. 17. 1915  20 UNDERTAKER  Slade Brov.  Long Green W. A.
If more blanks are needed, address State Regis	

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

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### PHYSICIANS RECORD supplied. Information WRITE Item

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(Address).....

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred is -Ward) a hospifal or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. ORDIVORCED Named
(Write the word) WIDOWED. (Month) (Dav HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at, 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) Duration 10 NAME OF FATHER ARENTS 11 BIRTHPLACE , 1912 (Address) 2 M OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT COUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE OF MY KNOWLEDGE If not at place of death?

> usual residence. PLACE OF BURIAL OR BEMOVAL

20 UNDERTAKER ADDRESS

1912

(Year)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Former or

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," ctc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumodia"); Lobar pneumomia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uracmia," "Weakness," LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Auaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) totanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-



### V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	2 6 6	
PLACE OF DEATH	208	STATE OF MARYLAND
ounty Daltumore	- (20)	CERTIFICATE OF DEATH
		Registration Dist. No. 38
(12)	21 11	(I) 1

County Edituation	1 Registration Dist, No. 38
Village or City Proland Park (No. 110.	Haudhorus Readst.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME Marry Tot	and Mean
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race 5 single, MARTIED, WIDOWID, W	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month (Day Kess	that I last saw h alive on 1919
26 yrs mos 2 ds or mi	The CAUSE OF DEATH * .was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	
which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF PU John W. Deace	(Signed) Ochio P. Leebles., M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
of MOTHER Quine N. Killing	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos. ds. State yrs, mos. ds
(Informant) ALLINE W. DOAL	Where was disease contracted, if not at place of death?  Former or usual esidence.
(Address). 1.6 Nawhous Rose 16 Filed AM. 26, 1915. Mr Forles	19 PLACE OF BURIAL OR REMOVAL  PAUL 27, 191.5  20 UNDERTAKER 9  ADDRESS
REGISTRA	* (A. III). ITTICALEN I (OP) NIJANI TOUTE

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

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mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inauition," "Marasvalvular heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerreral septichacctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



S. No. 1.

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RECORD

PHYSICIANS should state of OCCUPATION is very stated EXACTLY. AGE should be st properly classified. carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. CAUSE OF DEATH in plain terms, s important,

15

Male

UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH

1	PL	A	CF	OF	DE	ATH

Village or City Bay View Asylum

County Baltimore

269 120

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

(No. City Detention Hospital .....Ward) for Insane.

I'll death occurred in a hospifal or institution, give its NAME Instead of sfreet and number.]

\*FULL NAME George DeGroft

PERSONAL AND STATISTICAL PARTICULARS			RS	MEDICAL CERTIFICATE OF DEATH			
3 51		4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED. Widowed ORDIVERCED (Write the word)		January (Month)	3rd , 191 5 (Year)		
ADCK	ATE OF BIRT		CHANG BAC WO	- 47	Jan. 2nd 195 to Jar		
ī		(Month)	(Day	, 1832 (Year)	Jan. 2nd 195 to Jan. 3rd 1915, that I last saw h 1m alive on Jan. 3rd 1915		
<sup>7</sup> AGE If LESS than 1 day,hrs.			1 day,hrs.	and that death occurred on the date stated above, at 1.30P, m.  The CAUSE OF DEATH* was as follows:  Uremia - Mittel Stanous  a.u.e.S.			
BOCCUPATION (a) Trade, profession, or particular kind of work			000000000000000000000000000000000000000				
bus	General nature iness, or estab ch employed (or	of Industry, ilishment in employer)	••-	<del></del>	(Ouration) yrs. mos. ds.		
9 B (	RTHPLACE (State or cou	ontry) Gettsbur	g. Pa.		Gontributory Secondary		
OF TATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER		(Signed) Philip Peallstein M. D.  State the DISEASE CAUSING DEJTH, or, in deaths from TIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENT					
PAR	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)		18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)  Af place				
(Informant) Hospital Records  (Address) Bay Ville		Where was disease contracted, If not at place of death? ? Former or usual residence 2208 Oak St.					
		19 PLACE OF BURIAL OR REMOVAL Frederick. Md.	Jan. 7th				
File	ed Jan 1	+ ,191 5 P	heram	Bred	20 UNDERTAKER	ADDRESS	
				Wm. Cook	502 E. North		
		If more blanks a	re needed, addre	ss State Regis	trar, 6 E. Franklin St., Balto., Requesting V.	S. No. 1. Ave.	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers ming, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. eated thus: eausing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. .nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childhirth or miscarriage as "Puerperal septichae eause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee ou Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The uature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-"Dropsy," "Exhaustion," etc. State cause for



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

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to that it may be plot certificate.

DEATH in plain terms, so that it ma

-Every Item of information CAUSE OF DEATH in pial important. See instructions

N. E

A PERMANENT RECORD

County.

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

			HI
Registration	Dist	No	7/

/				
Village or City Jught	a. 14	2 2 111	Colcate	
Village or City of grown	manoron (No.		Colque	St.;Ward)
	00		1000 1	, 8
	10 Cens	rnes	Deili	206
FULL NAME				acere.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

*PULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marrier, Mar	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1914 to 2 , 1915.  that I last saw has alive on Some See , 1915.
## AGE  ## If LESS than 1 day,hrs.    OR	and that death occurred on the date stated above, at //2 m. The CAUSE OF DEATH* was as follows:  (Duration) yrs 3 mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  2 OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary  (Signed)  (S
(Intermant) The Above IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant) The Above IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address) 3 500 Colfate St.  16  Filed Jan. 29, 1915 Cl. P. M. Landlau  REGISTRANT/	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Baltonnone Cenn.  20 UNDERTAKER  ADDRESS  40 3 %. Nofeener,  Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only that paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(6)

Statement of cause of death—Name, first, the misease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible ta determine definitely. Examples: mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For Vio-



County Baltmore 25	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3
Village or City Owniga Mila (No Rosews 2 FULL NAME Margaret adelais	Le Delaces.  [If death occurred la a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Furnale White Office the word)  4 COLOR OR RACE   6 SINGLE, MARRIED, WIDOWED, ORDIVDROED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  170  I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  1 (LESS than 1 day,hrs. ormin.?	that I last saw hexalive on Jane 26, 191 9, and that death occurred on the date stated above, at 1030 Pm. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, prefession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. 4 mos. ds.  Contributory Simberly and Symbols (Secondary)  (Duration) 17 yrs. mos. ds.
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	(Signed) , M. D.  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
OF MOTHER (State or country) Many Land.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Many Land My Knowledge  (Address) My Knowledge My Knowledge  (Address) My Knowledge My	where was disease contracted, If not at place of death?  Former or  usual residence  19 prace to paurial DR REMOVAL  19 prace to paurial DR REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS
REGISTRAR	r, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

911

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lifbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second It should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-PrecIse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc... Carcinospinal cause of the death of the

childbirth or miscarriage, as "Puraperal scotichacture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Traemla," "Weakness," "Heart fallure," "Haemorrbage," "Inanition," "Marasgenltai," "Senlle." etc.), "Dropsy," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails: The contributory (secondary or intercurrent) tetanus) may be stated under the bead Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



PERMANENT UNFADING

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DEATH ō item P mportant. CAUSE

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RECORD

1 PLACE OF DEATH 3 SEX 7 AGE certificate. 0 back ARENTS See Instructions

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

 S	t.;	Ward)

It death occurred in a hospital or institution, of street and number. ]

give its NAME instead PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1858 (Month) alive on .. (Day (Year) If LESS than f day.....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) DATE OF BURTAL (Address) 15 ... 191.05 ADDRESS REGISTRAN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origiu; "Canmia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secoudary), 10 ds. The contributory (secondary or Intercurrent) Measles (disease causing death), 29 ds.; (Recommendatious on statement of Never report



PHYSICIANS should RECORD BINDING classified. properly AGE ERVED UNFADING may ESI C 20 50 MARGIN back should PLAINLY, plain Instructions 2 DEATH 10 mportant. Every

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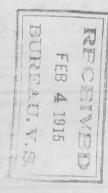
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. N Ilf death occurred in ...Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day ......hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, profession, or asselyse particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER OF FATHER (State or country) ... 191 ... (Address) PARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_\_ Where was disease contracted. 14 THE ABOVE IS If not at place of death?usual residence DATE OF BURIAL (Address' 16 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, the second (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viocause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," EX-



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state Very PHYSICIANS should of OCCUPATION is RECORD ated EXACTLY.

Exact statement stated AGE should be st properly classified. carefully supplied. certificate. 20 Jo should be DEATH in plain terms. See instructions on back of Information mportant.

PERMANENT 4 S PLAINLY, WITH UNFADING INK-THIS WRITE Every Item CAUSE OF

Louis Dixon

### 1 PLACE OF DEATH

Baltimore

2FULL NAME.....

Unknown

11

Village or City Bay View

PARENTS

15

10 NAME OF FATHER

11 BIRTHPLACE

OFFATHER (State or country)

12 MAIDEN NAME

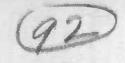
13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Address)

(Informant)

OF MOTHER



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

Asylum.	CITY	H	08	PI	TAL	
	No			*****	************	

St .: .....Ward)

Ilf death occurred in a hospital or Institution give its NAME Instead of street and number.]

PE	RSONAL AND STATISTI	CAL PARTICU	LARS	MEDICAL	CERTIFICATE OF	DEATH	
3 <sub>SEX</sub>	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the V	Single vord)	16 DATE OF DEATH	January (Month)	(Day	(Year)
6 DATE OF B	(Month)	(Day	, 1 857	January 12. Is that I last saw h.1m. all		ry 30th	l, 1915
<sup>7</sup> AGE	58 yrs	mosds	If LESS than 1 day,hrs. CRmin.?	and that death occurred of the CAUSE OF DEATH*		above, at 1.0	1.5Pm
(a) Trade, profe particular kind (b) General nat business, or a which employed	ssion, or of work	nter	***************************************	Lobo	er Phecen  (Duration)	**************************************	s 15 ds
9 BIRTHPLAC (State or	E	ınd	• ••••••	Contributory Secondary		700000 dt	nd nose s overas ellas

(Signed)

Feb.1st ..., 191 5 (Address) G

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR H	OSPITALS, INSTITUTION	S, TRANSIENT
At place of death yrs mos. 18 ds.	In the	mos d

Where was disease contracted. If not at place of death?

at place dealt Edward

20 UNDERTAKER

usual residence.

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," cte., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (b) As examples:

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RECORD

### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... if death occurred in St .:....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE WIDOWEO. (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ach (Month) (Dav (Year) 7 AGE if LESS than occurred on the date stated above, at f day,....hrs was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) 8 yrs. 6 mas 10 de which employed (or employer) ... Cultivale State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER AREN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) State

15 REGISTAR OF BURIAL OR REMOVAL

Where was disease contracted.

if not at place of death?

Former or

usual residence

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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DEATH in plain terms, so that it m See instructions on back of certificate.

.-Every item CAUSE OF Important.

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RECORD

PERMANENT EXACTLY.

### 1 PLACE OF DEATH

216

STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty Baltimore, Carl	Registration Dist, No. 1
Vit	lage or City View Asylum (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	eurse Color or RACE 5 SINGLE, MARRIED, WIDOWED, ORDINACE (Write-the word)	16 DATE OF DEATH  (Month) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	100. 24, 1914, to Jan. 6 -0, 1915
	(Month) (Day (Year)	that I last saw har alive on 5 m. 5 m, 1915
TA	1t LESS than   1 day,	and that death occurred on the date stated above, at 0:16 pm. m The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION ) Trade, protession, or ricular kind of work  Townsewoodle	Publisis Palmonde
bus	) General nature of Industry, siness, or establishment in ich employed (or employer)	(Duration) Myslemon was
9 B	(State or country) Maryland	Secondary (Duration) yrs mos ds
	10 NAME OF Jacob Colwards.	(Signed) 7. t. Callalian, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)  (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PARE	of Mother Euma Ross	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)  Many land.	At place of death yrs. mos. 12 ds. State mos. ds
	(Informant)	Where was disease contracted, It not at place of death?  Former or  II usual residence
15	120 - M.D. 1B. 1	Taurel Cemelery Jan 8, 1915

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the statement. the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS AGE carefully supplied. that it may be See instructions on back of certificate. PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, so Important. B.

1 PLACE OF DEATH	217	
County Baltimore	(103	
Village or City St. agmi	es Hogwortal	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or institution,

FULL NAME Per. Daniel It	Ellard of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5 single, MARRIED, WIDOWED, OPDIVORCED (Write the word) Single	18 DATE OF DEATH /4 , 1915 (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  Supply 24, 1914, to and 1915,  that I last saw harmalive on asse, 4, 1912
7 AGE  H 1 LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 10 acm, The GAUSE OF DEATH* was as follows:  Disademal Alger
(a) Frade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)	(Ouration) 5 yrs mos ds.  Contributory Embolism - Cerebral abscess
10 NAME OF FATHER D V Cllard  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sixter Marciana	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs. 3 mos. 20 ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence 5/4 Marin St. Mashville Jan.
(Address) St. agnes Fospital  16 Filed Jan 15-1915 Al St 2005  RECISTRAR	19 PLACE OF BURIAL OR REMOVAL  Mashville, Tenn.  20 UNDERTAKER  Lo. F. Ewans Thens.  18 W. Mithorala.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

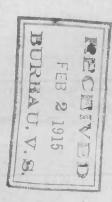


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: eausing death, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubercutsis of tungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should of OCCUPATION IS

RECORD

PERMANENT stated EXACTLY.

N. B .- Every Item CAUSE OF Important.

	1 PLACE OF DEATH 218	2
Go	unty Baltimore, Ind.	San
Vitt	lage or City St. Ganes The pital	7
	2 FULL NAME Mr. John Ell	i,
	PERSONAL AND STATISTICAL PARTICULARS	N
3 51	male 21 hite Single, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEA
6 D	July, (Donal Snow) 1890	fand, 4,
7 AC	GE (Year)  GE (Year)  If LESS than  1 day,hrs.  ORmin.?	and that death of
(a) par (b) bus	CCUPATION ) Trade, profession, or riticular kind of work General nature of Industry, iness, or establishment in ch employed (or employer)	africk to be
	RTHPLACE (State or country) Iteland	Contributory Secondary
	10 NAME OF John Ellis	(Signed)
PARENTS	OF FATHER (State or country) Ireland	*State the D
PAR	12 MAIDEN NAME Mary Teansally	16 LENGTH OF F
	13 BIRTHPLACE OF MOTHER (State or country) Vieland	At place of death yrs.
	(Informant) Muss Eller Cles	Where was disease of fine at place of dea Former or usual residence.
	(Address) 137-S. Central Circ.	19 PYACE OF BY

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
fond. 913
(Month) (Day (Year)
I HEREBY CERTIFY, That I attended deceased from
Jan 4, 1915, to Jan 6, 1916
that I last saw home alive on Jan. 6 , 1915
and that death occurred on the date stated above, st
The CAUSE OF DEATH* was as follows:
fullment many fuller en lovis.
U Company of the comp
7
(Duration) yrs. mos. d
Contributory Endensive leg ulcers + inamilion
Secondary
(Duration) 7 yrs mos d
(Signed) William Chulot
Jun 6 1915 (Address) Dr ayurs Whypetal
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)
At place in the
of death yrs mos ds. State yrs mos ds
Where was disease contracted,
If not at place of death?
Former or usual residence 134 S. Central Gras.
19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL
Holy Cross Cew Jaw 8, 191
70 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



S. No. 1.

N. B.-

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it may See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

St.; Ward)

Registration Dist. No. 30

(No	
10 1	100
the OH 7	Olls.

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Jan 3/ 1915 (Year)
S DATE OF BIRTH  Seft 24, 1860  (Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased from  1914, to 3, 1915,  that I last saw h alive on 1918
7 AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	Ohrme Carenchymatoric  Mejohining & manualit  (Ouration) yes 6 mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Contrad Colls  11 BIRTHPLACE	Contributory Secondary  Secondary  Secondary  Secondary  Secondary  Secondary  Secondary  Secondary  Secondary  M. D.  Jan 3/ 1915 (Address) Secondary  M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 Country  15 DIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  A1 place in the of death yrs, mos ds. State yrs, mos ds
(Informant) String to the BEST OF MY KNOWLEDGE  (Informant) String Colls  (Address) Ellies & City  16  Tel: 1 - M Bud All Block	Where was disease contracted, if not at place of death?  Former or usual residence
Filed 100 1915 Maustal Butter	Claston Sons folliest Cit.

Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. minc, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: eated thus: CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of oeenpa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemile eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for cte., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) eause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head by carbolic acid-probably suicidc. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopacumonia (seeoudary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease eausing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PLACE OF DEATH

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ы a. STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfuily employed, as At school or At home. duties of the household only (not pald Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinolosis of lungs, meninges, peritonaeum, etc...

childhirth or miscarriage, as "Purreral septicharetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla "Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-



ED MARGIN

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RECORD

PERMANENT

1 PLACE OF DEATH

state Very CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No Ilf death occurred in PHYSICIANS St.;....Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 E OF BIRTH ciassified. (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at t day ..... hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or Housew particular kind of work supplied. (b) General nature of industry. pe business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory (Secondary) that 10 NAME OF FATHER ō back 11 BIRTHPLACE RENT terms OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER Instructions piai 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT ACSIDENTS) 13 BIRTHPLACE OF MOTHER 2 At place EATH (State or country) Where was disease contracted. If not at place of death? P E Former or Item mportant. Every ! REMOVAL DATE OF BURIAL 15 20 UNDER ADDRESS m REGISTRA ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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A PERMANENT RECORD

# N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City High as Storm (No. 80 4 S. June St.; Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL A	PLACE OF DEATH 222	CERTIFICATE OF DEATH
Village or City High as Albarra (No. 80 4 5 Shield St. 5t. Ward)  PERSONAL AND STATISTICAL PARTICULARS  BEEX  **COLOR OR RACE  **MARKED, Wisson, Wisso	County 2 attem or	4/
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  **COLOR OR RACE  **MEDICAL CERTIFICATE OF DEATH  **SEX  **COLOR OR RACE  **MEDICAL CERTIFICATE OF DEATH  **ME	41.00	Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  **COLOR OR RACE  **SHOULD  **MEDICAL CERTIFICATE OF DEATH  **COLOR OR RACE  **MEDICAL CERTIFICATE OF DEATH  **MALE OF DEATH  **MALE OF DEATH  **MALE OF DEATH  **MEDICAL CERTIFICATE OF DEATH  **MALE	Village or City Jugh an altown (No. 804)	
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  **COLOR OR RACE  **SHIRLE.  **MARKIC.  *	C. 44:00.	give Its NAME Instead
SEX  SEX  COLOROR RACE  SINGLE  SUMITE  SUMICE  SUMICE	FULL NAME ettillia	young
Beneal White opposed on the process of the process	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Servale White (Responded (Write the word)  Date of Birth  Dev. (Wonth) (Day (Year)  (Year)  Tage    Ill IESE ban   1915,	3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, 2/10.	16 DATE OF DEATH Faw. 1915
DATE OF BIRTH  (Month)  (Day  (Year)  TAGE  (Month)  (Day  (Year)  TAGE  (Month)  (Day  (Year)  The Call of Amalian of Month  (A) Trade, profession, or particular kind of Work  (B) General nature of Industry, business, or establishment in Which employer (or employer)  BIRTHPLACE  (State or country)  (State or country)  Land Call of Month of Mo	Temale White (Write the word)	(Month) (Day (Year)
TAGE  (Month) (Day (Year)  Tage  (Month) (Day (Year)  Ill LESS than and that death occurred on the date stated above, at 24 m and th		0.8 .26 0. 181
TAGE  II LESS than 1 day, hrs. or. mos. os. os. or. min.?  B occupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Service and of the date stated above, at 24.5 mm, The CAUSE OF DEATH* was as follows:  OFFATHER (State or country)  Service and of the date stated above, at 24.5 mm, The CAUSE OF DEATH* was as follows:  OFFATHER (State or country)  Service and of the date stated above, at 24.5 mm, The CAUSE OF DEATH* was as follows:  OFFATHER (State or country)  Service and of the date stated above, at 24.5 mm, The CAUSE OF DEATH* was as follows:  OFFATHER (State or country)  Service and of the date stated above, at 24.5 mm, The CAUSE OF DEATH* was as follows:  OFFATHER (State or country)  Service and of the date stated above, at 24.5 mm, The CAUSE OF DEATH* was as follows:  OFFATHER (State or country)  Secondary  Seco	DEC. 13 1864	Charles the same of the same o
OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BERTHPLACE (State or country)  10 NAME OF FATHER Majmillian Herbert.  (Signed)  11 BIRTHPLACE (State or country)  21 Malden NAME OF FATHER (State or country)  22 State or country)  33 BIRTHPLACE (State or country)  44 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)  16 JAH. / G. 1914 W.E. THE CLAURAL CLAURAL CALLERS CALCENS CONTROL OF HONDITAL  (Address)  17 PLACE OF BURIAL OR REMOVAL  (Address)  18 DEATH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, THANSIENTS, on RECENT RESIDENTS)  A place of death  (Informant)  (Address)  (A		that I last saw har alive on from 191.6
BOCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE  OF FATHER Majurilian Herbert.  (State or country)  Serm any  10 NAME OF FATHER Was purilian Herbert.  (State or country)  Serm any  11 BIRTHPLACE  OF FATHER Was purilian Herbert.  (State or country)  Serm any  12 MAIDEN NAME  OF MOTHER  Underson  13 BIRTHPLACE  OF MOTHER  (State or country)  Serm any  (Informani)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informani)  (Address)  SO 4  SO 5  SO 4  SO 4  SO 4  SO 5  SO 4  SO 5  SO		
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  General nature of industry, business, or establishment in which employed (or employer)  10 NAME OF FATHER Magniflian Herbert.  (Signed)  11 BIRTHPLACE (State or country)  12 Malden NAME (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informani)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informani)  (Address)  (Address)  (Address)  SO 4  S. Third S.  (Informani)  (Address)  (Address)  (Address)  (Address)  ADDRESS  (Address)  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS		The GAUSE OF DEATH* was as follows:
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business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Majurillian Jerbert.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Underword  13 BIRTHPLACE OF MOTHER (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 May 16 Medical Company (Informant)  16 Filed Jah. 16 Medical Company (Informant)  17 MAIDEN NAME OF MOTHER (Informant)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENTS, or Recent Residence  19 PLACE OF BURIAL OR REMOVAL  10 DATE OF BURIAL  10 Means of Injury; and (2) whether Accident of Geath yrs, mos. ds  Where was disease contracted, ill not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  10 DATE OF BURIAL  10 DATE OF BURIAL  11 DATE OF BURIAL  12 MAIDEN MARKER (Informance)  13 BIRTHPLACE OF BURIAL OR REMOVAL  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 May 16 Means of Injury; and (2) whether Accident or Recent Residence  10 DATE OF BURIAL  11 DIRECTION OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENTS, and at place of death?  12 MAIDEN MARKER (Information)  13 BIRTHPLACE  OF MOTHER  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENTS, and at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER (INFORMATION)	particular kind of work	
Which employer (of employer)  Set of country)  Set of any  10 Name of Father Magniflian Herbert.  Signed Secondary  (Signed)  11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name of Forther Wallian Accordance  13 BIRTHPLACE OF MOTHER Underson  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed AM. 16, 1914 W.E. M.C. Clausely and Country Causal residence  16 Filed AM. 16, 1914 W.E. M.C. Clausely and Country Causal residence  18 Length of Residence (For Hospitals, Institutions, Thansients, or Recent Residents)  19 Place of Burial or Removal Date of Burial  10 Name of Father Magniflian Herbert.  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Burallon)  (Address)  (Address)  (Signed)  (Burallon)  (Address)  (Signed)  (Maddress)  (Signed)  (Maddress)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Maddress)  (Mad	business, or establishment in	(Duration) yrs mas ds.
Secondary		1/1 * 7:
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13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  80 4  8. Third St.  (Address)  15 Filed Pay-16, 1914 W.E. M.C. Clauselan  16 Canadan  17 PLACE OF BURIAL OR REMOVAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS) IN THE STATE OF THE ST		06/ 11/ 12 200 00/1: - 0
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13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Address)  80 4  8. Third St.  15 PLACE OF BURIAL OR REMOVAL  16 Filed PAY-16, 1914 W.E. M.C. Clauselan  20 UNDERTAKER G. Failer  All place OF RECENT RESIDENTS)  All place OF MOST.  Mos.  ds.  State  yrs.  mos.  ds.  Where was disease contracted, il not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Journal of Most.  16  PAY-16, 1914 W.E. M.C.  Januallan  20 UNDERTAKER G. Failer  ADDRESS	Q OF MOTHER Unknown	
of death yrs, mos. ds. State yrs, mos. ds.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Esh and Eyring,  (Address) 80 of S. Third S. Former or usual residence  15 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  16 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  18 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  19 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  19 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowledge  10 Inot at place of death?  10 PLACE OF BURIAL OR REMOVAL  The Above is True to the Best of My knowl	13 BIRTHPLACE	OR RECENT RESIDENTS)
(Informant) Eshard Eyring.  (Address) 80 of 8. Third St.  18 Place of Burial or REMOVAL DATE OF BURIAL  18 Filed Jay. 16, 1914 W.E. M. Claurellan  20 UNDERTAKER G. Feiler Capper Company Comp		of death yrs mos ds. State yrs, mos ds
(Address) 80 of S. Third St. 10 place of Burial or REMOVAL DATE OF BURIAL  15 Filed Jay. 16, 1914 W. E. J. C. Caualian  20 UNDERTAKER G. Jailer Jacks	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
16 Say. 16, 1914 W.E. Mil Panalan 20 UNDERTAKER GOL Zeiler JADDRESS	(Informant) ern and young.	
Filed Jay. 16, 1914 W.E. M. Clauskan 20 UNDERTAKER GOS Zeiler CADDRESS	(Address) 80 of S. of hird St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
100 feel stelle 1 a Charles		
REGISTRAPH A elly 1 403 8. Noger		20 UNDERTAKER GOT Beiler (ADDRESS
If more blanks are needed, address State Revistrar 6 B. Franklin St. Dulto Decuestion V. C. N. 4		and in a story by Mola

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of iff-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been ehanged or given up on account of the disease Housewife, Housework, or At Home, and ehildren, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (c. g., such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'Uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanitlon," "Marasgenital," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

A PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

CAUSE OF DEATH in plain terms, so that it mailmoortant. See instructions on back of certificate.

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Filed

N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms. s.

			223		
	1 PLA	CE OF DEATH			
Co	untyBa	ltimore	FOR :	INSANE.	CERTIFICATE OF DEATH
				Lai	Registration Dist. No. 41
Vil		Bay View Asylun			St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
		ONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH
3 5	EX	4 COLOR OR RACE	5 SINGLE.	Second of	16 DATE OF DEATH
1	Male	White	MARRIEO, WIDOWED, ORDIVORCEO (Write the wo	Married	16 DATE OF DEATH  Jamuary  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 D	ATE OF BIR	тн			October 2 194 to Jnauary 20 191.5.
		(Month)	(Day	, 1840 (Year)	that I last saw h im alive on Inauary 20th 1915
7 A		75 yrs	mae de	If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12. P. m., The CAUSE OF DEATH* was as follows:
60	CCUPATION	07.07		OKIIIII. I	Cerebral Hemorrhage
/ pa	rticular kind of	work Walter		***************************************	Cerebra Heliorinage
bus	General nature iness, or esta ich employed (o	of Industry, bilshmenf in remployer)	******************************		Contributory Arterio Sclerosis
9 B	RTHPLACE (State or co	untry)			
		I	reland		(Duration) ? yrs E mos ? ds.
	10 NAME O	R .	?		(Signed) Philips Pearlstein N.O.
NTS	11 BIRTHPLACE OF FATHER (State or country)				*State the DISEASE CAUSING DELET OF IN Goothe Com March
PARENTS	12 MAIDEN NAME OF MOTHER				*State the DISEASE CAUSING DUATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Щ	13 BIRTHPLACE				18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
16	OF MOT (State	HER or country)	9		of death yrs3. mos18 ds. State yrs mos ds
		strue to the bes			Where was disease confracted, If not at place of death?  Former or usual residence Little Sisters of the Poor

REGISTRAR

(Address).....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin Sty Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or Industry, and therefore an who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the misease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be Indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—Item and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc., when a defiuite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of ete. State eause for "Exhaustion,"



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FOR B	
ESERVED	
MARGIN	
2	

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

224 1 PLACE OF DEATH

County Baltimore

Village or City. Bay View Asylum.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

CITY	HOSPITAL.
(No,	

St.; Ward)

Ilt death occurred in a hospital or Institution, give its NAME Instead ot street and number.)

### James Flynn FULL NAME....

PERSONAL AND STATISTICAL PARTICULARS				RS	MEDICAL CERTIFICATE OF DEATH		
3 se		4 COLOR OR RACE White	5 SINGLE, S. MARRIED, WIDOWED, ORDIVORCED (Write the word	ingle	16 DATE OF DEATH Januar (Month	(Day (Year)	
8 04	TE OF BIR	тн			Dec. 30th 1914 to	That I attended deceased from	
		(Month)	(Day	, 1.854 (Year)	that I last saw him_alive on		
TAG	7 AGE   If LESS than 1 day,hrs.   ORmin. ?			1 day,hrs.	and that death occurred on the date of the CAUSE OF DEATH* was as follows:		
(a) par (b) busi	General nature ness, or esta	ion, or workLab. e of industry,	orer	••••		emous	
9 B1	RTHPLACE (State or co	ountry) Irela	nd		Secondary	Celeroses	
	10 NAME ( FATHE	OF			(Signed) (Si		
ARENTS	Ø 11 programme		*State the Disease Causing Death, or, in deaths from Violent				
PAR	12 MAIDEN				CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.		
14 -	13 BIRTHPLACE OF MOTHER (State or country) Ireland				At place of death		
(Informant)			ords	If not at place of death?  Former or usual residence	ukuowu		
1	(Address)		way V	MULL	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
16 File	a Jan &	4th, 191.5 Ms	riam B	aw	St. Patrick's Ceme.	Jan. 5.th , 1965	
	/			REGISTRAR	John Moran trar, 6 E. Franklin St., Balto., Requesting	Bank & Ann S	

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphitheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convilsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT pino properly be may certificate. that 80 0 back terms, 6 plain Instructions = See Instr WRITE CAUSE OF Important.

state very

### 225 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred la a hospital or Institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) CERTIFY. That I attended deceased from (Month) (Day TAGE It LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Eurausn 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) \_\_ mos. \_\_\_\_ ds. \_ yrs. \_ State . Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAK

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asvalvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report cause for



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state Very

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3 SEX

TAGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

14 THE ABOVE IS TRUE

(Address)

(State or country)

(b) General nature of industry,

business, or establishment in

2	2	6

5 SINGLE.

MARRIED, WIDOWED,

(Write the word)

(Bay

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

mos ...

4 COLOR OR RACE

which employed (or employer) .....



It LESS than 1 day hrs.

OR ..... min. ?

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dis	Fif don'th accurred in
ICAL CERTIFICATE O	F DEATH
Jan	29, 1913
(Month)	(Day (Year)
REBY CERTIFY, That	l attended deceased from
, 191, to	, 191

DATE OF BEATH	Jan	29	1912
	(Month)	(Day	(Year)
17 I HEREE	Y CERTIFY, Tha	t I attended d	eceased fro
	191, to		, 191
that I last saw h	alive on	•••••	, 191
and that death occurred	on the date state	ed abovs, at	n
The CAUSE OF DEATH	* was as follows		3
	(Duration)		
Secondary	de three is to the site in the term of the site of the		
	(Duration)	yrs	mosd

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR F OR RECENT RESIDENTS)	OSPITALS, INC	TITUTIONS	, TRANSIENT
At place of death yrs mos ds.	in the State	yrs	mos, (

if not at place of death?

Former or usual residence

PLACE	OF	BUF	BIAL	OR	REM	OVAL	
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1ann	. 16	1	d	Z	1	-	

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

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ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasthedia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ete., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ample: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Puerperal septichae "Exhaustion," Never report For Vio-01



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### STATE OF MARYLAND

CERTIFICATE OF DEATH Registered No lif death occurred in a hospital or institution. give its WAME iostead of street and number.] \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended decessed from 6 DATE OF BIRTH 1915 dour saw hatte alive on (Year) (Month) (Day) If LESS than and that death occurred on the date stated above, at TAGE f day .....hrs. The CAUSE OF DEATH \* was as follows: OR. C.min. ? mos. ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinen-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State yrs. Where was disease contracted. 14 THE ABOVE IS TRY if not at place of death?. Former or usual residence DATE OF BURIAL 15 ADDRESS onus V

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of agewho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not statement. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

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state SICIANS should OCCUPATION IS Registration Dist. No. 0 PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) Exact OF BIRTH classified. that I last saw h Month) (Day (Year) 7 AGE If LESS than 1 day .....hrs. OR ..... 7 -mos .... properly BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of Industry, business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. certifical Secondary 10 NAME OF FATHER (Signed) 20 0.0 back S 11 BIRTHPLACE terms, 191e (Address) ARENT OF FATHER (State or country) 50 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER Instructions OR RECENT RESIDENTS) Ľ 13 BIRTHPLACE At place OF MOTHER (State or country) EATH \_\_\_\_\_ yrs. \_\_\_\_ \_ ds. Where was disease contracted. THE ABOVE IS MY KNOWLEDGE See If not at place of death? Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL 16

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Ilf death occurred in a hospital or institution. give its NAME instead of street and number. I

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE 19/ (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date si ated above, at \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State .... yrs. mos.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

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	RECORD	PHYSICIANS sh
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
ED FOR	INK-THIS IS	d. AGE should a properly classi
RESER <	UNFADING	carefully supplie that it may be certificate.
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	WRITE PLA	em of Informat OF DEATH In nt. See Instructi
V. S. No. 1.		N. B.—Every II CAUSE Importa

229	
PLACE OF DEATH	STATE OF MARYLAND
County Ballinger	CERTIFICATE OF DEATH
0	Registered No.
Village or City Myllandlown (No. 606	St; Ward) [It death occurred in a hospital or institution, give its NAME instead
2 FULL NAME mont of comada	nd Dan God. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 9 1915, that I last saw here alive on 1915
7 AGE Personnel If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at annual m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Prematur maceraled Faction
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) by blandlown on .	Gontributory(Secondary)
10 NAME OF SATHER Comes Dail	(Signed) Qllan Q. Beellan, M.D.
V 11 BIRTHPLACE OF FATHER (State or country) (Salto, Comb.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) (State or country)	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Hydlandleum, Cm	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or
(Address) 506 D. First Ore.	19 PLACE OF BURIAN OR REMOVAL DATE OF BURIAL
Filed Jan. 19.191 W.E. My Canalian REGISTRAD	20 UNDERTAKER NON JOHN ADDRESS JO (6
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V.S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Is already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumoula," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligample: Measles (disease causing death), 29 oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-For viod8.;



state should is OCCUPATION PHYSICIANS RECORD Exact statement PERMANENT classified. O INK-THIS properly AG supplied. pe UNFADING may carefully that 20 terms, should PLAINLY, plain = EATH PE Item OF

certificate.

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Instructions

Important. Every R

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231 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St: Ward) a hospital or Institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE an MARRIEO. WIDOWED. (Month) OR OLVORGEO I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) (Day TAGE If LESS than and that death occurred on the date stated above, at, 1 day hrs. The CAUSE OF DEATH \* was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Secondary (State or country 10 NAME OF FATHER S PARENT (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death? ... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

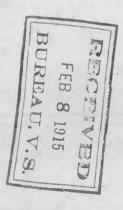
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Marasmere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Sharks  Village or City Sharks  (No. 1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
FULL NAME Un Marred &	St.; Ward)  a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black of Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
TAGE  Jan 24, 1915  (Month) (Day (Year)	that I last saw h the alive on Still born, 1915, and that death occurred on the date stated above, at Jan 24
SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employar)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Objectionale  11 BIRTHPLACE (State or country)  12 MADDEN NAME  12 MADDEN NAME  12 MADDEN NAME  13 MADDEN NAME  14 MADDEN NAME  15 MADDEN NAME  16 MADDEN NAME  17 MADDEN NAME  17 MADDEN NAME  18 MADDEN NAME  19 MADDEN NAME  10 MADDEN NAME  11 MADDEN NAME  12 MADDEN NAME  13 MADDEN NAME  14 MADDEN NAME  15 MADDEN NAME  16 MADDEN NAME  17 MADDEN NAME  17 MADDEN NAME  18 MADDEN NAME  19 MADDEN NAME  10 MADDEN NAME  10 MADDEN NAME  11 MADDEN NAME  12 MADDEN NAME  12 MADDEN NAME  13 MADDEN NAME  14 MADDEN NAME  15 MADDEN NAME  16 MADDEN NAME  17 MADDEN NAME  17 MADDEN NAME  18 MADDEN NAME	The CAUSE OF DEATH* was as follows:  Core dile of Core
13 BIRTHPLACE OF MOTHER (State or country) Quaker Bollow Mod  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Solve Land Mer XI rand parent (Address) Sparks Mrd (Address) Sparks Mrd REGISTRAR  If more blanks are needed, address State Register	or Recent Residence (for Hospitals, Institutions, Transienta, or Recent Residents)  At place In the ot death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, it not at place of death?  former or usual rasidenca.  19 place of Burial or Removal Date of Burial Quake Bollow or Jan 25, 1915  20 place of Burial or Echurel address  The granting of the grant presidency of the grants o

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yes.) For persons As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease eausing death—Name, first, the disease eausing death—Name, first, the disease eausing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cauaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State eause for Always qualify all diseases resulting from "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on here of certificate PERMANENT BINDING N. B.—Every item of CAUSE OF I S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Baltinov	CERTIFICATE OF DEATH 9
	Registration Dist. No.
Village or City Crowden Villy (No. svephun spring Road 2FULL NAME Rachell Garr	St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
fewole Colored (WIDOWED, Wishows ORDINORCED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH worch not known 1857	17 I HEREBY CERTIFY, That I attended deceased fro
(Month) (Day (Year)	that I last saw h alive on Jean 18" , 1915
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 11.05.P.
yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION	
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	(Quration) 2 yrs mos
particular kind of work.  (b) General nature of Industry.	(Duration) 2 yrs mos.  Contributory Heart disease
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF	Gentributory Heart disease Secondary (Duration) 2 yrs mos '
particular kind of work	Contributory Heart disease Secondary  (Signed) Contribute Millians M.  (Signed) Contribute Millians M.
particular kind of work	Contributory Heart disease Secondary (Duration) 2 yrs mos / (Signed) Contribute Williams, M.  Jan 24, 191 5. (Address) Septimaly has
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER Coslor Baker  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	Contributory Heart disease Secondary (Duration) 2 yrs. mos. ( (Signed) Affrica Williams, M.  Jan 24, 191 5. (Address) Septimize he
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER Coslon Baker  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	(Signed) (Si
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  MARYLON  13 BIRTHPLACE OF MOTHER (State or country)  MARYLON  MARYLON  (State or country)  MARYLON  MARYLON  MARYLON  MARYLON  (State or country)  MARYLON  MARYLO	(Signed) (Duration) 2 yrs. mos. (Signed) (Signed
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER Coslon Baker  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	Contributory Secondary  (Signed)  (Signed)  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLE: CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDE TAL, SUICIDAL, Or HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place  of death yrs. mos. ds. State yrs, mos. (1) Whether was disease contracted, if not at place of death?  Former or
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER Coston  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Communication  Communication	Contributory Secondary  (Signed)  (S
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Ouration) 2 yrs mos (Signed) (Signed) (Ouration) 2 yrs mos (Signed) (Signe

232

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of "Semile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



V. S. No. 1.

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Village or Gity Highlandtown (No. 310 ) 2FULL NAME Thomas W.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  St.; Ward)  St.; Ward)  St.; Ward)  Schemic instruction, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Willower, Willower, Willower, Willower, Willower, Write the work.	16 DATE OF DEATH  (Month)  (Ly  (Year)
6 DATE OF BIRTH	172-2 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  7 AGE   If LESS than   1 day,hrs.   ORmin.?	that I last saw han alive on
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Opmic Intersection!  Myshirtis  (Duration) 2 yrs. 2 mgs. 2 ds.  Contributory Walmin
9 BIRTHPLACE (State or country) Pennsylvania  10 NAME OF FATHER Welliam E. Germmill  11 BIRTHPLACE OF FATHER (State or country) Pennsylvania  12 Mailen Country OF MOTHER OF MOTHER	(Signed) Cluration) yrs mos Dis.  (Signed) Cluration yrs mos Dis.  (Signed) Cluration yrs mos Dis.  (Signed) Cluration yrs mos Dis.  (Address) University dis.  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Hosticidal.
13 BIRTHPLACE OF MOTHER Cligal eth G. Campbell (State or country) Pennoylvania  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 10 the 01 deathyrs,mos,ds  Where was disease contracted,
(Interment) Fillian Issumill  (Address) 310 S. Christon St.  Filed Pau. 19-19-11-12 McClaudian  REGISTER S.	If not at place of death?  Former or  Osual residence  19 PLACE OF BURIAL OR REMOVAL  Oak Jawn Cenn.  20 UNDERTAKER  Lilly 48 Leiler. 4038. 200/fs.
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICEPAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of Never report For VIO-



S. No. 1.

N. B.-

PHYSICIANS should state of OCCUPATION Is very Exact statement stated EXACTLY. of information should be carefully supplied. AGE should be st. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE	OF	DEATH	2	3	4

County Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

•	NO. W.74	A 1		Bay View	Asviul
Village or City	Bay View	Asylum.	/Na	Bay Vien	2 7
Tillage Of City		**********************	INO.	************	

St .:---Ward)

It death occurred in a hospital or institution, give its NAME instead of street and number.]

### \*FULL NAME Fredericka Gennert

PERSONAL AND STATISTICAL PARTICULARS			ULARS	MEDICAL CERTIFICATE OF DEATH	
3 \$	Female	4 COLOR OR RACE SINCLE, MARRIED, WIDOWED, ORDIVERCE (Write the	Married word)	January 30th, 191 5 (Month) (Day (Year)	
B D	ATE OF BIRTH		.070	August 28th 1912, to January 30th, 1915, that I last saw h. er alive on January 30th, 1915	
7 A		7.6. yrs	If LESS than	and that death occurred on the date stated above, at $1.2 \pm 3.5$ Rm. The CAUSE OF DEATH* was as follows:	
(a) pa (b) bus wh	CCUPATION ) Trade, profession, ricular kind of wo General nature of cliness, or establishes of the employed (or established or court (State or	rk Housework Industry, shment in mployer)		Senility Unknown (Ouration) yrs mos ds.  Contributory Ulcerative Colitis Secondary	
10 NAME OF FATHER Unknown			(Signed) yrs mos 14 ds.  (Signed) CTM HOSPITAL  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)				CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS)  At place in the of death 2 yrs. 5 mos. 2 ds. State yrs. mos. ds	
			DWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence. Bayview Asylum	
			Back) REGISTRAR	College of Physicians Feb. 2nd ,1915  Coundertaker  G. W. Hurley  Date of Burial  Peb. 2nd ,1915  1109 N. Gilmo	
		If more blanks are needed, ad	dress State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., childbirth or misearriage as "Puerperal septichac etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'UERPERAL perilonilis," etc. State cause for eause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classifled. supplied. pe UNFADING may certificate. 9 o back terms. 60 See instructions Information = DEATH WRITE 0 Item OF mportant. Every Ite

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution. give its NAME Instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1914 WIDOWED. ordivorced (Write the word) (Month) (Day (Year) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo fhe OF MOTHER (State or country) \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State .... yrs, \_\_\_\_ mos. Where was disease contracted, 14 THE ABOVE IS TRU KNOWLEDGE If not at place of death? Former or usual residence. DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the "Foreman,"

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oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "l'uerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations ou statement of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion,"



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Co		ce of death C	TO	NTION HOR INSAN		STATE OF MA CERTIFICATE O	
Vil		y Bay View Asyl		ibson,	(05)	Registration Di	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERS	ONAL AND STATISTIC	CAL PARTICUL	ARS		MEDICAL CERTIFICATE	OF DEATH
	emale	4 color or RAGE White	5 SINGLE, MARRIED, MO WIDOWED, MO ORDIVORCED (Write the wo	rried		anuary (Month)	Coth , 191.5 (Year)
	ATE OF BIRT				November	30, 191 4, to Jnau	attended deceased from ary 20th, 191 5.
	GE	42yrs	mos,ds.	If LESS than t day,hrs.		ccurred on the date state DEATH* was as follows:	d above, a6, 55 P. m.
(a pa pa (bu	) General nature siness, or estat	workNone of Industry,	3		,		yrs. R mos. ? ds.
	(State or con	untry)	rginia		Contributory Secondary	Ileocolitis	? yrs ? mos ? ds
	10 NAME O		9			lip Pearlat	en, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER			*State the D CAUSES. state TAL, SUICIDAL,	of Hosticibal.	ir, in deaths from VIOLENT and (2) whether ACCIDEN-		
14		LACE THER or country) IS TRUE TO THE BES	ව ව T OF MY KNOW	LEDGE	At place of death yrs. Where was disease	1 mos. 22 ds. State contracted,	yrs, ds
	(Informant) Si	ster Mrs. A	una Floy		Former or usual residence 27	26 Hampden Av	e.
16 Fl	(Address).	2726 Hampde	Man Ave	BUN	18 PLACE OF BU	ter bunty	DATE OF BURIAL  AND 196  ADDRESS  53 Norman

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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### PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. 4 U properly INK pe UNFADING may certificate. 50 WITH terms, on back should 00 PLAINLY, ATH in plain instructions o Information DEATI WRITE 50 item FO CAUSE OF

state

237 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDDWED, M (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated 1 day ......hrs. The CAUSE OF DEATH\* was as follows OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work. valo (b) General nature of Industry, business, or establishment in 6 which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Slate \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. It not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 422 1915 16 20 UNDERTAKER ADDRESS REGISTRAR

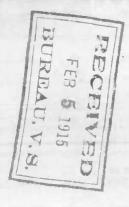
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting

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### ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very AGE

properly classified.

carefully supplied. that it may be

of certificate.

See instructions on back of Information should

CAUSE OF Important. S

RECORD

1 PLACE OF DEATH

County Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist,	No. 41

Village or City	Bay View Asylum!	(No. CITY HOSPITAL	

238

St.: ...Ward) I'll death occurred in

ADDRESS

	²FU	LL NAME	Margar	et Gib	son	give its NAME Instead of street and number.]
	PERSO	ONAL AND STATISTIC	CAL PARTICULAR	s	MEDICAL CERTIFICATE	OF DEATH
3 s	ex emale	4 COLOR OR RACE Black		dowed	(Month)	29 (Day (Year)
6 D	ATE OF BIRT		(Day	, 1.863 (Year)	January 8th 191 5 to January 8th I last saw her alive on January	lary 20th
			mosds.	If LESS than  1 day,hrs.  ORmin.?	and that death occurred on the date sta The CAUSE OF DEATH* was as follow	
(a) pa (b) bus whi	General nature	ork I alindre of industry, lishment in employer)			Contributory Secondary (Quration)	the Colcuers unknown
	10 NAME O FATHER	F			(Signed) (Buration)	rs mos ds
ARENTS	11 BIRTHPE OF FAT (State of	LACE			*State the Disease Causing Death,	or in deaths from Violant
PAR	12 MAIDEN OF MOT		wn		CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE FOR HOSPIT.	
-		or country) Unkr	nown		At place in the of death yrs mos. 12ds. Sta	
	HE ABOVE I	Marita	OF MY KNOWLE	Ords	Where was disease contracted, If not at place of death?  Former or usual residence  Unknown	
16	(Address).	1 (1)	ay Vil	W	19 PLACE OF BURIAL OR REMOVAL MY. Aubum bem.	PATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defulte salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causance pears (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid penemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease eausing death), 29 ds.; nant neoplasms); Mcasles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) ete. State eause for



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(SICIANS should OCCUPATION IS PHYSICIANS RECORD PERSONAL AND STATISTICAL PARTICULARS FNH 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. widowed, Mcliner
ORDIVORCED
(Write the word) ERMAN 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than 1 day, .....hrs. THIS OR ..... min. ? properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. Z supplied. (b) General nature of Industry, pe business, or establishment in O (Duration) may ADIN which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) (Secondary) that (Duration) 10 NAME OF FATHER (Signed) 0.0 11 BIRTHPLACE (Address) terms, pino PARENT OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER (State or country DEATH See instr /.. yrs. .. Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death? ō (Intermant) OF Every Item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL (Address) 15 20 UNDERTAKER m REGISTRAR

PLASE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. Ilf death occurred in a hospital or institution. give its NAME Instead

of street and number. 1 MEDICAL CERTIFICATE OF DEATH (Month) HEREBY CERTIFY, That I attended deceased from

and that death occurred on the date stated above, at .. The CAUSE OF DEATH \* was as follows:

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

In the State

DATE OF BURIAL

., 191

ADDRESS



[Approved by U. 8, Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter. For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrement scottchae. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: Examples:



### Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

County Baltimore

### STATE OF MARYLAND CER

TIFICATE	OF	DEATH
Registration	Dist.	No. 41

Village or City Bay View Asylum. HOSPITAL.

240

St.;....Ward)

lif death occurred is a hospital or institution, give its NAME lostead of street and number.]

DF	PSONAL AND STATISTICAL DADTICILLA	D¢	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)		idowed	January 18th, 191 5 (Month) (Day (Year)
G DATE OF B		, 1845 (Year)	Jan. 13th 1915 to January 18th 1915. that I last saw h. er. alive on January 18th 1915.
7 AGE	7.0.? yrs mos, ds.	If LESS than	and that death occurred on the date stated above, at 9 A. Nm. The CAUSE OF DEATH* was as follows:
(b) General nat business, or e	ssion, or of work	7-44-1-00-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Contributory Chronic Broncheles
(State or	Maryland  OF  Christopher Waxter		(Signed) Unforced ds.  (Signed) Unforced ds.
13 BIRTI OF M (Sta	en name MOTHER Cristena (unkn HPLACE OTHER te or country) Europe		CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs ds. Stateyrs ds  Where was disease contracted,
(Informant)-	18 1915 Marian	ords Liss Bur	if not at place of death?  Former or  Usual residence.  1213 Hollins St., City.  19 PLACE OF BURIAL OR REMOVAL  Batto.  Lemetry  ADATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS
1		REGISTRAR	par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

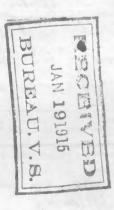
N. B.

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

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MARGIN RESERVED FOR BINDING

W. B. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

Memale M. charter of the word	Village or City Videtville (No. 1/3)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / It death occurred in a hospital or institution, give its MAME instead et street and number.]
MARRIED (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 19 Long (Worth the word)  18 DATE OF BIRTH Of (Month) (Day) (Year)  19 DATE OF BIRTH Of (Month) (Day) (Year)  11 I HEREBY CERTIFY, That I attended deceased from 19 Long (Month) (Day) (Year)  12 Less than 1 day, Jirs. 1 day,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)  (Month) (Day) (Hall of the date stated above, at	Semale M. Married Willower. World	(Month) (Day) (Year)
The CAUSE OF DEATH'S Was as follows:    Coccupation (a) Trade, profession, or particular kind of work.   Contributory   Cautana   Companyer	Oct 9 1846	
(a) Trade, profession, or particular kind of work.  (b) Beneral nature of industry, business, or establishmed in which employed (or employer)  (b) Beneral nature of industry, business, or establishmed in which employed (or employer)  (c) BIRTHPLACE (State or country)  (Signed)  (Signed	6 2 1 day,hrs.	The CAUSE OF DEATH* was as follows:
(Signed)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)	(a) Trade, profession, er particular kind et work.  (b) General nature ef industry, business, or establishmeot in which employed (or employer)	(Duration) yrs mos ds.  Contributory Ocate Indugistion (Secondary)
OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  (Informant)  (Address)  Address)  Address  Filed Att 10, 191 5  Filed Att 20, 191 5  Registran  TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT Residence in the of death yrs, mos, ds. State yrs, mcs. ds.  Where was disease contracted, it not at place of death?  Former or usual residence  19 Acce of Burial Or Removal Date of Burial  Address, 191 5  Address, Morth Autenmently	FATHER EN LEAVES  11 BIRTHPLACE OF FATHER (State or country)  M	(Signed) John John Broner, M. D.  Jan 9th, 1915. (Address) Jole Joseph Onde  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENT
(Informant) Mrs Kelley  (Address) 13 Majole St.  (Address) 13 Majole St.  (Address) 13 Majole St.  (Address) 19 Kace of Burial Or Removal Date of Burial  (Address) 19 Mayor Color 19 Major St.  (Address) 19 Majole St.  (Ad	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
Filed HIL 1915 F. M. Mull 22 UNDERTAKEN REGISTRAN WOOD ROTH JEEN MONTHLY	(Informant) Mrs Helley	It not at place of death?  Former or usual residence
	Filed 12 10, 191 5 F. It. Publ.	20 UNDERFAKEN ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In an expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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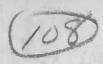
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### PHYSICIANS should state of OCCUPATION is very RECORD B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

County Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	t.;	W	ard	ľ
3	£ . g	AA	aru	l

[If death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

²FULL NAME.	Lottie	Grech	ei G	loss	

PERSONAL AND STATISTICAL FARTICULARS	MEDICAL GERTIFICATE OF DEATH		
Female White Single, Marrieo, WIDOWEO, ORDIVORCED (Write the word) Single	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
Date of Birth  July 28, 1904  Monthly (Day (Year)	that I last saw h. l.s. alive on 23, 1915.		
7 AGE   If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 9 15 cm, The CAUSE OF DEATH* was as follows:  Septicaluma (organism not known)		
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry.	acts appendices operation 13day		
business, or establishment in which employed (or employer)	(Duration) yrs mos / ds.		
State or country)  Baltimore Md.	Generality of Secondary - pelatorities bracho-preumonea		
10 NAME OF FATHER Ernest Grechi	(Signed) (Duration) yrs mos 3 ds.		
11 BIRTHPLACE OF FATHER (State or country)  State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-		
of Mother Emma Baer.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS		
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,		
(Informant) MAX. Share	If not at place of death?  Former or usual residence. # 1 Furror Street		
(Address) 401 Furrow Street	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed Jan 23, 1915 N. Loos. REGISTERS	Western Cemellery. 191		
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

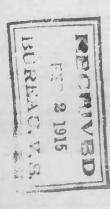


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affectiou need not be stated unless important. oma, Sareoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



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WITH

WRITE

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S. No. 1.

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PERMANENT

of OCCUPATION is very Exact statement ACE should be stated EXACTLY. carefully supplied. AGE should be sight that it may be properly classified. certificate. of information should be of DEATH in plain terms, so See instructions on back of Every item CAUSE OF important. S

1 PLACE OF DEATH County Baltimore 6

### STATE OF MARYLAND CERTIFICATE OF DEATH

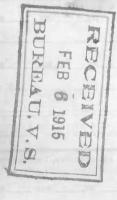
	Registration Dist, No. 4
Village or City Highlan dtown (No. 3611, 7	give its NAME Instead
<sup>2</sup> FULL NAME Com a 11/407	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junal White. Single, Married. ORDIVORCED (Write the WOLL)	16 DATE OF DEATH    Oww.   Gay   1915
DATE OF BIRTH  Chril 10, 1862  (Month) (Day (Year)	that I last saw her alive on July 87, 1915.
S2. yrs 8 mos 29 ds. OR min.?	and that death occurred on the date stated above, at 1.55 A.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Aplintes Chrome forglades (Duration) yrs mos 5 ds.
BIRTHPLACE (State or country) & alt inverse City.	Contributory Secondary Prierles (Duration) yrs 6 mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOBICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Sermany,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds
(Interment) Christopher Sorty	Where was disease contracted, If not at place of death?  Former or usual residence
Filed Jan. 13., 194/ U.E. M. Claudhan	John Redeem Cem. Date of Burial Jun. 13, 1915  20 UNDERTAKER Jules. ADDRESS 4038. Nofesx
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerobrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perifonaeum, etc., Carcin-

cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICITAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For Vio-



e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION to yery See Instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s Important.

RECORD

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S. No. 1.

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Baltimore

244



### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 41
Village or City Ber View Asylum (No	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
(Month) (Day (Year)	that I last saw h
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 3.0 Pm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employar)  Performance (State or country)	(Duration) yrs 3nos ds  Contributory Secondary
OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER.	(Signed) T. T. CALLALAM M. D  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL OF HOMICIPAL.
13 BIRTHPLACE OF MOTHER (State or country) horizonal	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State ms. ds. Where was disease contracted,
(Informant)  (Address)  (Address)	If not at place of death?  Former or usual residence.  19 PLACE OF BUBIAL OR REMOVAL  MX. Suburn Cemeley And Date of Burial  MX. Suburn Cemeley And Market M

If more blanks are needed, address State Registrar, 6 H. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day taborer, Farm laborer, Laborershould be taken to report specifically the occupations gainfully employed, as At schoot or At home. mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Satesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcinetics of lungs, peritonacum, etc., Carcinet

mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. eause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Marasgeuital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvutar heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canby carbolic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway traintotanus) may be stated under the head (Recommendations on statement of "Exhaustion,"



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245

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 38

[It death occurred to

NAME Maris Philipp	o Green  a hospital or institution, give its NAME lostead of street and number.]
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORGIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  (Year)    11 LESS than   1 day,	that I last saw h the alive on Jenu 14 th 1919.  and that death occurred on the date stated above, at 1 m,  The CAUSE OF DEATH* was as follows:
or o	Contributory Sulvanian (Secondary)  (Duration) yrs mos H ds.
Harry Green  ACE ER  OUDITY) NOT GROWN  NAME MARY  LER  MARY  LER  MARY  LER  MARY  MARY	(Signed)
TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted, it not at place at death?  Former or usual residence.
Jousun.  [1910] Clauf Many  REGISTRAR  If more blanks are needed, address State Registra	19 PLACE OF BURIAL OBREMOVAL  Please Hest Com Jan. 7, 181 8, 20 UNDERTAKER  ADDRESS  Low Burns Som Jonson,  FOR Franklin St. Ralto Requesting V. S. No. 1.
Courte media fre	-1/A m. a remarin or: Daito: Wednesting A. D. Me. T.

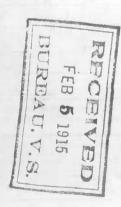


[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulmine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Measles (disease causing death), 29 de.; affection need not be stated unless important valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report such, if impossible to determine definitely. which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

County Baltimon 246	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4
Village or City Highlan drown (No. 7/6, ) 2FULL NAME Telen E.	S. Fourth St.; Ward)  Success Ward  [If death occurred in a haspital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensale White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  March  (Month)  Day  (Year)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  18  1915  that I last saw here alive on flan, 31  1915
If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 10, 30 m, The CAUSE OF DEATH* was as follows:
parficular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Baltim ors Cc.	Contributory Sobular Taluman'a
10 NAME OF FATHER John Gruss  11 BIRTHHAGE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
of Mother Veronica Schmitt.  13 BIRTHPLACE OF MOTHER (State or country)  Serme any  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place lo the of death yrs, mos, ds  Where was disease contracted,
(Informant) John Gruss  (Address) 1/6 8. Frenth St.	Former or  OSUAL residence.  19 PLACE OF BURIAL OR REMOVAL  Holy Rediesser Com.  7 19 5
Filed Selv 2 ,1915 - W.E. M. Lausliau  REGISTARY  If more blanks are needed, address State Regis	20 UNDERTAKER Jeile ADDRESS 403 & Wolfs trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indiworked on may form part of the second Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 2Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., accidental, suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the genital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. "Contributory." (Recommendations ou statement of dent; Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head of "Dropsy," "Exhaustion," Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shout CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.
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247 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40 Village or City Ilt death occurred in -Ward) a hospital or institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED, 1915 WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) mos de which employed (or employer) .... BIRTHPLACE Contributory\_ (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_ ... ds. YTS. \_\_\_\_ mos. 14 THE ABOVE IS Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

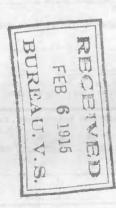


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers mine, ctc. statement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation -- Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopacumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD

stated EXACTLY.

arefully supplied. AGE should be sithat it may be properly classified.

-Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mid important. See instructions on back of certificate.

THE ABOVE IS

(Address).....

(Informant)

15

AGE

N. B.

1 PLACE OF DEATH 248 64			64	STATE OF MACCERTIFICATE	OF DEATH
Vill	lage or City Bay View A	(11	CITY	Registration D / HOSPITAL. St.;War	Tild death assumed in
-	PERSONAL AND STATIST	ICAL PARTICUL	LARS	MEDICAL CERTIFICATE	OF DEATH
3 3 5	Acolon on Hace	SINGLE, S. MARRIED, WIDDWED, ORDIVORCED (Write the w		(Month)	(Day (Year)
	7 AGE (Month) (Day (Year)  7 AGE   It LESS than 1 day			December 11, 191. 4, to	uary 6th 191 5
(a) par (b) busi white	CCUPATION )Trade, profession, or ricular kind of work	Farm labo		Gontributory Secondary	ocardites unbuorers yrsmosds
PARENTS	12 MAIDEN NAME OF MOTHER			1 / /11/	or, in deaths from Violent and (2) whether Accident s., institutions, Transients

Ш	OR RECENT RESIDENTS)				
	At place of death yrs. mos. 25 ds. Where was disease contracted,	tn the State	yrs,	mos,	ds

Former or Lombard St. usuat residence.

1 //	BURIAL OR	1 2	DATE OF BUF	RIAL
goling)	Hopkins	· Socila	Call 8	1914
20				

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

OF MY KNOWLEDGE



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthevia (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerrenal septichaectc., when a definite disease can be ascertained as the mns," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) canse of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every Item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.-

1 PLACE OF DEATH Balto.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 38

Village or City Roland Park (No. 305, Edgerale Ra	Ast.; Ward)
0.0 $0.01$	

249

Vi	0.0 0.01	Odgerale Ralst.; Ward)  [If death occurred is a hospital or institution, give its NAME Instead of street and comber.]		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
35	Nate of BIRTH  A COLOR OR RACE  S SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Write the word)  A COLOR OR RACE  S SINGLE, MARRIED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I sttended decessed from 2 Cd 1915  1915		
7 AGE (Month) (Day (Year)  7 AGE 10 mos 22 ds or min.?		and that desth occurred on the date stated above, at 12.35 Pm.  The CAUSE OF DEATH* was as follows:		
(a pa (b bu	CCUPATION  1) Trade, profession, or articular kind of work.  1) General nature of industry, siness, or establishment in lich employed (or employer)	Chilcher (Ouration) yrs mos ds.		
-	(State or country) Belair Md	Contributory Commenced Deight Constitute of Should Contribute of Should Contribute of the Manual Contribute of the Contr		
PARENTS	10 NAME OF FATHER D. Nauna  11 BIRTHPLACE OF FATHER (State or country)  Dulai md	(Signed) lefules Gagley . M. D. Jan 27, 1915 (Address) 5 th Chase Ch.		
	13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place  In the		
	(State of country) Carffel Ma THE ABOVE B THUE TO THE BEST OF MY KNOWLEDGE (Informant) 305 Cagevale Rad (Address) 305 Cagevale Rad	of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Bull And Date OF BURIAL		
	and Mand from	Belan otarful md. Jaw. 28, 1910		

REGISTRAR

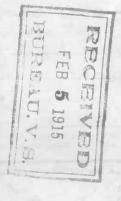
If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, ctc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerrebal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasics; Whooping cough; Chronic "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of (secondary or Intercurrent) "Dropsy," "Exhaustion,"



PHYSICIANS should state of OCCUPATION IS very RECORD PERMANENT stated EXACTLY. properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. may be See instructions on back of certificate. Every Item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH Village or City Lauraville

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or Institution, give its NAME Instead

FULL NAME MANY Com.	Mandone us steel and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINGRED (Write the word)	16 DATE OF DEATH / / 1915 (Month) (Day (Year)
/2 4 , 1848 (Month) (Day (Year)	THEREBY CERTIFY, That I attended deceased from 1917, to 2017, 1915, that I last saw h 27 alive on 2017, 1915
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 25m.  The CAUSE OF DEATH * was as follows:
(a) Trede, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Chronic fuenchymulous  Typicalis  (Duration) & yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Chronic Nofshitis Secondary
10 NAME OF FATHER DAIDOUR  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME /	(Signed)
OF MOTHER Matida Malory  13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Informant) Dany Dichard  (Address) Januarile Mil	If not at piece of death?
Filed Jan J. 1915 M. F. Clayton.  REGISTRAR	Baltiume Country dan 8th, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

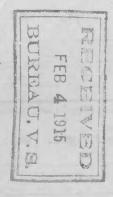
N. B.-

[Approved by U. S. Consus and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up ou account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Cansepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness." affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT THIS properly Z UNFADING 50 WITH back Instructions 2 DEATH of OF CAUSE OF 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

St.;....Ward)

[If death occurred in a hospital or institution. give its NAME instead

DORESS

#### of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. 1915 WIDDWED. ORDIVERCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .... hrs. The CAUSE OF DEATH\* was as follows: ...mos..... OR ..... min. ? ds. 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS If not at place of death?. Former or usual residence. DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illdutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanttion," "Marasgenital," "Senilc," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 UNFADING INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH MARGIN

S. No. 1.

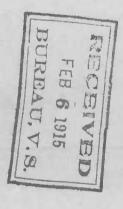
PLACE OF DEATH	STATE OF MARYLAND
county Ballimore 64	CERTIFICATE OF DEATH
Village or City Highland (No. 50)	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male word)  4 COLOR OR RACE  5 SINGLE, MARRIED, NUMBER WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH , 191.5 , 191.5 . (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from, 191,
(Month) (Day (Year)	that I last saw h alive on
TAGE Cebaul it LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, protession, or Painler particular kind of work	Chapley
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Unknown	Contributory Secondary  Outation yrs mos ds.
10 NAME OF FATHER UNKNOWN	(Signed) Many, M. D.
Z OF FATHER (State or country) Andrown 6	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Whowi	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (intermant)	Where was disease contracted, It not at place of death? Former or usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL GATE OF BURIAL 2334 July 2 , 1915
Filed Spur. / 191 / C. / Causlaus 4/2 REGISTRAR	Ohristia Millen 2554 Feferen St
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgscpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if Impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No Ilf death occurred in St: Ward) a hospital or Institution, give its NAME instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at .... 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: mos.... OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. 3 or 4 days (b) General nature of Industry, business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE Contributory that it (State or country) 10 NAME OF FATHER 50 See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) -13 BIRTHPLACE At place In the OF MOTHER (State or country) of inford of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. .... mos. .... ds Where was disease confracted, if not at place of death?. Former or PO CAUSE OF Important. usual residence DATE OF BURIAL 15 If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uceness of various pursuits can be known. The question who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuccisis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJUBY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Nevcr report For vio-



W. S. No. 1.

PLACE OF DEATH 254	STATE OF MARYLAND
Bott. OF	CERTIFICATE OF DEATH
County / Laura	Registration Dist. No. 32
Village or City Cleungton (No. 530) 2 FULL NAME Elezabeth Jan	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale What (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h
7 AGE  4 11 LESS than t day, hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows from started.
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	5305 mais st. Allufan by a protection from the own theod July 9
9 BIRTHPLACE (State or country) Bulteron Dul.	(Secondary)  (Deration) yrs mes ds.
OF FATHER Solum Colco live  OF FATHER State or country) Partition State or country)	(Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 Sirthplace OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment) A & Salata	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) & 8 065: Culinga tha 15 Filed Jan 10, 1915 grm. G. Queur REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL  ADDRESS  SO 7 19 100 The
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," (g)

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: cbildbirth or miscarriage, as "PUERPERAL septichaeture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion,"



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255 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. If death occurred io ....Ward) a hospital or institution, give its NAME lostead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, Marrie 1915 (Month) (Day (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. f day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) \_\_\_\_\_yrs. which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ., 1915 ... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_ Where was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL GR REMOVAL DATE OF BURIAL bong even mid 15 20 UNDERTAKER

> lade 120 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

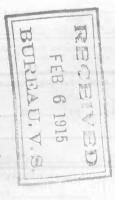
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

mine, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State eause for injury, as fracture of skuli, and consequences (e. g., childbirth or misearriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencia-"Contributory." scosis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of Never report probably



	ECORD	HYSICIANS should state
V. S. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
7		ż

1 PLACE	OF	DEATH	256

County Baltimore ...

Village or City

Y HOSPITAL

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

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	F14 4

.St.;....Ward)

[If death occurred la a hospital or institution, give Its NAME lostead of street and number.]

#### Ariamra Hewes

Bay View Asylum.

PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex Female	White Single, Widowed Orbite the word)	January 27th ,1915 (Month) (Day (Year)
6 DATE OF BI		January 11 th 1915, to January 27th, 1915, that I last saw h. er alive on January 27th, 1915
TAGE	81 yrs mos ds OR min. ?	and that death occurred on the date stated above, at 1.30 An, The CAUSE OF DEATH* was as follows:
(a) Trade, profes particular kind of	sion, or f work Housework	Broncho Premmon
(b) General natu business, or es which employed (	tablishment in (or employer)	(Ouration) yrs mos 7 ds.
9 BIRTHPLACE (State or o	Maryl and	Contributory Tracture Ferum (R) Secondary (Duration) yrs mos ds.
10 NAME FATH	Samuel Whitlock	(Signed) W. Houston Poulson, M. D.
W (State	e or country) Unknown	*State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES AND ACCIDENTIAL CAUSE AND ACCIDENTIAL CAUSES AND ACCIDENTIAL CAUSE AND A
0	Enizabeth Whitlock	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	e or country) Maryland	At place In the of death yrs. mos. 1.6 ds. State yrs. mos. ds  Where was disease contracted.
(Interment)	Hospital Records	If not at place of death?  Former or usual residence Bayview Asylum (5 yrs.4m-13
(Address	22 - March 18 - 16	Ballo Cemetery AND 1915
Filed AN	REGISTRAR	Now Cook 5027 north
(I)	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERFERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae nant ncoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ete. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Bronchopneumonia (secondary), 10 ds. Never report tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for



MARGIN RESERVED FOR BINDING

RECORD UNFADING plain lons Instructi = DEATH CAUSE OF Important. S

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. If death occurred in Village or City St: ..... #Ward) a hospital or institutice. give its NAME instead of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 BINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH ...... 191...., to...... aur. (Month) (Day (Year) If LESS than 7 AGE and that death occurred on the date stated above, at ..... 1 day 6 hrs. 400) The CAUSE OF DEATH \* was as follows: OR.J. min. ? BOCCUPATION (a) Trade, profession, or narticular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ ds. Where was disease contracted. If not at place of death? Former or usual residence.... DATE OF BURIAL 15 20 UNDERTAKER PDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinlosis of lungs, meninges, pertionacum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." scpsis, tetanus) may be stated under the head lnjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purepreal septichacetc., when a definite disease can be ascertained at the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial, nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:



		state s very
	RECORD	PHYSICIANS should of OCCUPATION 14
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.	WRITE PLAINLY, WITH	N. B.—Every item of information should be carefully supplied.  CAUSE OF DEATH in plain terms, so that it may be primportant. See instructions on back of certificate.

ounty_Baltimore 258	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 41
Village or City Bay View Asylum.  Particle Many Hodge	St.; Ward)  [It death occurred la a hospital or institution, give ils NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDINORCED (Write the word)	Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h & alive on
TAGE    It LESS than   1 day,	and that death occurred on the date stated above, at 6 a m  The CAUSE OF DEATH* was as follows:  Pulmonale
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Maryland.	Contributory Secondary
10 NAME OF FATHER Paule Busick  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER ULLEUFUN	(Signed) T. T. Callolon, M. D.  (Signed) T. T. Callolon, M. D.  *State the DISEASE CAUSINO DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Call Call Call Call Call Call Call Ca	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, 3 mos, 13 ds. State yrs, mos, ds  Where was disease contracted, if not at place of death?  Former or usual residence 3 0 3 8 doubter 8  19 PLACE OF BURIAL OF REMOVAL
(Address)  15 Filed Au 2 6 , 191 5 Maria Barr  Registran  If more blanks are needed, address State Regist.	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PARTE SUM SEMESTROS BURIAL  20 UNDERTAKER  ADDRESS  50 2 E. North  Far, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indicausing neath, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rallway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecanse. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, sneh as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



PLACE OF DEATH 259 County Valternone (1)	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Riderwood (No	Registration Dist. No. Solution   St.; Ward)  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  Whixe  Whixe  Whixe  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Of the care / 1/2 , 1915 (Month) (Day (Year)
DATE OF BIRTH July 10 , 18 47 (Year)	about Jang, 1914, to Jany 112, 1915, that I last saw h will ally on Jany 112, 1915.
TAGE    If LESS than t dayhrs. or	and that death occurred on the date stated above, at about 8 km, The CAUSE OF DEATH*, was as follows:  Oncinoma of finher
(b) General nature of Indostry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
State or country)  UNAME OF FATHER PLY Sho, F. Noff D. R  11 BIRTHPLACE OF FATHER (State or country) Lancaster Pa.  12 Maiden NAME OF MOTHER OF MOTHER OF MOTHER (State or country) Trederich und'	Secondary  (Deration) Abt yrg mos. ds.  (Signed) Local
(Informant) Cha. M. Nogf  (Address) Rederwood Jud.	Where was disease contracted, If not at place of death?  Former or usual residence
Filed CM. 13, 191 5. M. Torta Registran Registran II more branks fre needed, address State Registran	20 UNDERTAKER  ADDRESS Orchard  Strar, 6 P. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

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LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Never report



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PHYSICIANS RECORD 50 statement PERMANENT classified. properly supplied. UNFADING may terms, hould piain Information 2 EATH WRITE 200 Item OF

SICIANS should OCCUPATION is certificate. 50 back LO See instructions Important, Every It

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in a hospital or Institution, give its NAME Instead of street and number.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, 1913 WIDOWED. (Month) (Day (Year) (Write the word) I HERERY CERTIFY That I attended deceased from DATE OF BIRTH ..., 191....., to: (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, In. deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE, At place In the OF MOTHER (State or country) of death ...... yrs. .... mos. ... State ..... yrs. mos. \_ ds. Where was disease contracted. If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER DDRESS

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH		STATE OF MAR	
County Balts	95)	CERTIFICATE OF	DEATH
1/- 0		Registration Dist.	No. H
Village or City Highlandtonn (No.	518.6.10	Balting St.; Ward)	[It death occurred in a hospital or Institution, give Its NAME Instead
2 FULL NAME Cathorine	6.5	tofstetter	of street and number.]
PERSONAL AND STATISTICAL PARTICULAR		MEDICAL CERTIFICATE OF	DEATH
Tomake White Single, MARRIED, Market Widowed ORDIVORCED (Write the word)		DATE OF DEATH (Month)	(Day (Year)
8 DATE OF BIRTH	0-7-17	thereby Certify, That I a	attended deceased from
(Nonth) (Day	(Year) that	I last saw h Av alive on flux	14 ,1915
	day Bre	that death occurred on the date stated a	bove, at 5 40 Am.
yrs. — mos 23 ds. c	Rmin.?	CAUSE OF DEATH* was as follows:	Soume
8 OCCUPATION (a) Trade, protession, or	2	it mouning,	f Muoury.
particular kind of work  (b) General nature of industry, business, or establishment in		mana first at of flow about - 9 days	septer Hopely
which employed (or employer)		Contributory artery - Schle	rrosis ds.
9 BIRTHPLACE (State or country) Md		Secondary  Wy (Novo (Buration)	yrs
10 NAME OF FATHER TOSERS A Forresto	(Sign	ed) C/2/mitter	, M. D.
0 11 BIRTHPLACE OF FATHER	<u>/</u>	uc 15, 191 (Address) 17/16	2 / Zach IL
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	. //	*State the Disease Causing Death, or, increase, state (1) Means of Injury; and L, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	At pl		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE	When	re was disease contracted.	yrs, ds
(Interment) the Frederick Woffler	Form	t at place of death?	
(Address) 35/86 Bath 88	18	LACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16 Jan. 1/2 10 MG MM Vyend	lan 30	DERTAKER DEMPLEY	ADDRESS AND
F1180	SISTRAPHO IL	uslian Miller 2	34 reflection
If more blanks are needed, address	State Registrar, 6	E. Franklin St., Balto., Requesting V. S.	No. 10 00

[Approved by U. S. Censns and American Public Health Association.]

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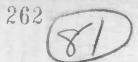
#### No. 1. 02

N. B.

# PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in piain terms, so

4 WRITE PLAINLY, WITH UNFADING INK-THIS IS 1 PLACE OF DEATH



#### STATE OF MARYLAND CEPTIFICATE OF DEATH

County	Baltimore.	•••••	(81	Registration Dist, No. 41
Village or C		(110	J	( HOSPITAL. St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
/	RSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
³sex Mal e	4 color or mace White	MARRIEO, W1 ( OROIVORCED (Write the wo	dowed	January 4th , 1918 (Month) (Day (Year)
6 DATE OF BI	RTH (Month)	(Day	, 1.834 (Year)	Dec. 2nd 1914 to January 4th 1915 that I last saw h im alive on January 4th 1915
7 AGE	81 yrs		it LESS than 1 day,hrs. ORmin,?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(b) General natu business, or es	stablishment in (or amployer)			Contributory Arteres electronics  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME FATH	Wm. Hopl	еу		(Signed) (Signed) (Address) TY HOSPITAL
Z OF FA (State	e or country) Englance IN NAME INTHER  Marga: PLACE OTHER	and ret Loyd		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOSICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS)  At place In the of death yrs
14 THE ABOVE (intermant)	s)		LEDGE LEORDA LILLY Bar.	Where was disease contracted, If not at place of death?  Former or Usual residence 3.07 S. Sharp St.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER,  ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ample: Mcastcs (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ccr" is lcss definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerieral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. thre of the American Medical Association.) canse of death approved by Committee ou Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-



V. S. No. 1.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD be stated EXACTLY. may be properly classified. AGE should carefully supplied. See instructions on back of certificate. that it Every Item of Information should be CAUSE OF DEATH in plain terms, s DEATH in plain terms. Important. 8

1 PLACE OF DEATH 3 8

263 [15-1]

#### STATE OF MARYLAND

County Salmore	CERTIFICATE OF DEATH
Village or City Montobella Park, No. 2 Horn	Registration Dist. No.    Procland St.; Ward   [It death occurred in a hospital or iostitution, give its NAME lastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, widower, widower, widower, widower, widower, widower, with the word)	(Month) (Day (Year)
S DATE OF BIRTH  (Month)  (Day  (Kear)	that I last saw h harlive on fam. 19 - 1915
T AGE  If LESS than 1 days	and that death occurred on the date stated above, at 7.30 P, m. The CAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of Industry, business, or establishment in which amployed (or employer)  **BIRTHPLACE** (State or country)  **The country of the country of t	(Ouration) 7rs. mos. ds.  Contributory Octobro Secondary
OFFATHER OFFATHER OFFATHER OFFATHER	(Signed) (Ouration), yrs mos ds.  (Signed) , M. D.  And To 7191 J. (Address) 17 to . n order an
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MAY MAY MAY  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Informant) How (Address) Mantalalle Back	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed My 22 1910 Claud Fring	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," (Recommendatious on statement of State cause for "Exhaustion," For VIO-



A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Baltimore [9]	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 4
Village or City Sighlandtown (No. 306	Schuton St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Itale White Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH the WOrld Write W	16 DATE OF DEATH  (Month)  (Day (Year)  17  I hEREBY CERTIFY, That I attended deceased from
\$ DATE OF BIRTH DEC. 10 ,919	, 191, to
7 AGE (Month) (Day (Year)  1 if LESS than 1 day,hrs, ORmin.?	and that death occurred on the date stated above, at 8.100m, The GAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry.	Auglinoming Ordinal
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Baltaniar Co.	Contributory Pranchs   newhorial Secondary (Duration) yrs mos & ds.
10 NAME OF Miles Hudgins  11 BIRTHPLACE	(Signed) Ot. J. Judly M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER D	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Baltimor City,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the death yrs, mos. ds. State yrs, mos. ds
(Informant) Per Judgus	Where was disease contracted, If not at place of death?  Former or usual residence.
Filed Jan. 14, 1814 U.E. M. Vacalisa PEGISTRAS	John Cross Cen Hanges Jan. 14, 1915.  20 UNDERTAKES July 4038 Wolfe
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons eausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know- (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronio eer" is less definite; avoid use of "Tumor" for maligeause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIPAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichacctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilicart failurc," "Haemorrhage," "Iuanltion," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



MARGIN RESERVED FOR BINDING

V. S. No.

)	ECORD	IYSICIANS should state occuPATION is very
	K-THIS IS A PERMANENT RI	AGE should be stated EXACTLY. Properly classilled. Exact statement of
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.	W	N. B.—Every Item CAUSE OF Important.

1 PLAC	E	OF	DEATH
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 39

St	 -War	d)

[It death occurred in a hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED Write the word)	16 DATE OF DEATH , 1915 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw halive on, 1913.
7 AGE If LESS than	and that death occurred on the date stated above, atm,
80 yrs 7 mos 8 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Expansion the expount
(a) Trade, protession, or Tana 40 Maria	from cold my san 7/1st
particular kind of work.  (b) Generat nature of industry,	Being friend dead in him
business, or establishment in	field Frohen, (Duration) yrs mos ds.
which employed (or employer)	Dadducina O Crimus luy
(State or country) Data CO	Secondary Wilhelm Corner (Duration) yrs mos de
10 NAME OF FATHER Janut Hueling	(Signed) B, M. Shumanton, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Dearly, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Z 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
a Mary Virtua Namm	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Philadelphia PG	At place of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) . I Authors:	Former or
(Address) mikting Ind	19 PLACE OF BURIAL OR REMDVAL DATE OF BURIAL
16	St. James P. E. Church, Jan 12 1915
Filed Jane 11 1915 Thos. H. Emory	20 UNDERTAKER PROMISS
REGISTAR	W. C. Brooks Sparks, Md
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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1 PLACE OF DEATH state Zullerung OCCUPATION IS Registration Dist. No. Torent / (week PHYSICIAN grunglo PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, totalower ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than t day,.....hrs. OR ..... min. ? AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in suppli may which employed (or employer) ..... 9 BIRTHPLACE (State or country) Gontributory Secondary 10 NAME OF FATHER 80 ö 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER plal OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_ \_ ds. of Info DEAT! See ins Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. Former or Item Every item CAUSE OF important. usoal residence Darlington Came (Address) 15 20 UNDERTAKER 20

If more blanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF

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a	ho	spita	l or	ins	tituti	on,
g	ive	Its	NAB	NE.	Inste	ad
0	fst	reet	and	nu	mber	.]

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State \_\_\_\_\_ yrs.\_ DATE OF BURIAL

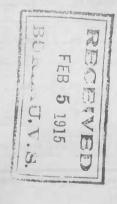


[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-"Foreman," (6)

Statement of cause of death—Name, first, the DISTARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (secondary or intercurrent)



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.:...Ward) a hospital or institution. give its NAME Instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO, Momed WHOOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 854 (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at, 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death (State or country ..... yrs. ..... .. mos. ..... ds. State Where was disease contracted. it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

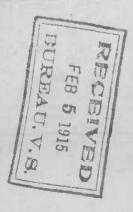
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[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: The question "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) scpsis, tetanus) by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Hart fallure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," "PUERPEBAL scptichac-\_ (name origin; "Candeath), 29 ds. Examples:



# RECORD

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate. DEATH in plain terms, so that it masses instructions on back of certificate. Important.

A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS B.—Every Item of information should be CAUSE OF DEATH in plain terms, s z

268 1 PLACE OF DEATH County Baltimore

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registr	ation	D	st.	No
	45 4 4	0	3	

[It death occurred to

	2FULL NAME Lerong Jah	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RAGE MARRIED, WIOWED, OR OLOROGEO (Write the word)	16 DATE OF DEATH 28 , 1915 (Month) (Day (Year)
	(Month) (Day (Year)	that I last saw h alive on 1911
7 AG	If LESS than 1 day,hrs.  ORmin. ?	and that death occurred on the date stated above, at 1 m. The CAUSE OF DEATH* was as follows:
part (b) busin whice	Trade, protession, or Trade, protession, or Cicular kind of work.  General nature of industry, nemeral nature of state or country)  RTHPLACE (State or country)	Contributory Secondary  (Deration)  (Deration)  (Deration)
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed) . T. Cullulus . M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  **State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal, institutions, Transients, or Recent Residents  At place in the cat death over the control of the cat death over the cat
	Interment)  (Address)  (Address)	ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or  usual residence OT W MARGON DATE OF BURIAL  ACCEPTATE OF BURIAL OR REMOVAL  ACCEPTATE OF BURIAL  ACCEPTATE O

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeeper's cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of ocenpa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease causing death—Name, first, the Disease causing death—Name, first, the Disease causing death—Name, first, the Disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Thmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla. "Contributory." injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Accidental, suicidal, or inomicidal, or as probably ample: The contributory (seeondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-



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1 PLACE OF DEATH SICIANS should occuPATION IS PHYSICIANS -----Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT S SINGLE: DATE OF DEATH MARRIED, WIDOWED. (Month) (Write the word) (Month) (Day (Year) 7 AGE If LESS than 1 day ..... hrs. OR ..... nin. ? properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work supplied. (b) General nature of industry. business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 90 of back PARENTS 11 BIRTHPLACE OF FATHER (State or country) pinous 12 MAIDEN NAME plain See instructions OF MOTHER information OR RECENT RESIDENTS = 13 BIRTHPLACE Af place in the OF MOTHER (State or country) \_\_\_ yrs. \_\_\_\_ \_ mos. \_\_\_\_ ds. DEATH WRITE Where was disease contracted. If not at place of death? 0 Former or Item 10 usual residence important. CAUSE 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred ia a hospital or institution, give its NAME instead

of street and number.] MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY. That I attended deceased from that death occurred on the date stated above, at \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State \_\_\_\_\_ yrs. \_\_\_ mos. DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive ongineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Surcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) (Recommendations on statement of



. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

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N. B.—Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms. so that it may be primportant. See instructions on back of certificate.

### PLACE OF DEATHCITY Detention Hospital. for Insane

STATE OF MARYLAND CERTIFICATE OF DEATH

ounty Baltimore	
	1
Bay View Asylum.	15+3)
Illage or City.	(No

Registration Dist. No...41

St.;....Ward)

Ilt death occurred in a hospital or Institution, give its NAME instead

	²FU	LL NAME Lev.	ey Jones	<b>.</b>	Of Ottor and named.
	PERSO	ONAL AND STATISTIC	AL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3 s	ale	4 COLOR OR RACE Black	SINGLE, MARRIED, ME WIDOWED. ORDIVORCED (Write the wo		January 12th ,1915.
6 D	ATE OF BIRT	(Month)	(Day	, 1880 (Year)	January 11 1915 to January 12th 1915, that I last saw h. im alive on Hanuary 12th 1915 and that death occurred on the date stated above, at 2.30 P. m.
_		3.4 yrs m	osds.	1 day,hrs. ORmin. ?	The CAUSE OF DEATH * was as follows:
3 (a		vork2	**************************	0	Delirium Tremens
bus	General nature siness, or estab lch employed (or	of Industry, Hishment in employer)			(Ouration) yrs. mes. ds.
-	RTHPLACE (State or cou				Contributor Acute Dialatation of the Secondary heart
0	10 NAME O FATHER	F	FA'TAS		(Signed) Philip Pearlston, M. D.
ENTS	11 BIRTHPL OF FAT (State o	LACE HER or country)			*State the DISEASE CAUSING DEATH, or, in deaths from Violent
PAREN	12 MAIDEN OF MOT	NAME THER			TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPIRED
	13 BIRTHPL OF MOTI (State o	ACE HER or country)			At place of death yrs mos ds
	(Intermant)	S TRUE TO THE BEST	OF MY KNOW	LEDGE	Where was disease contracted, If not at place ot death?  Former or Usual residence.
16 Fil	1	3 191 5 The	Street	Baw	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
			e needed, addre	REGISTRAR ess State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: duties of the household only (not paid Housekeepers minc, etc. Women at home, who are eugaged in the who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," cte., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uce-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a defiuite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanitiou," "Marasgenital," "Senlle," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Measics (Recommendations on statement of (discase eausing terminal conditions, such as "As-(secondary or intercurrent) ete. State cause for death), 29 ds.; "Exhaustion," For vio-



PHYSICIANS of Exact statement EXACTLY. classified. pinous properly AGE supplied. pe may carefully that 20 be terms, See instructions on back should plain Information = DEATH WRITE of IL.

Item

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No. 02

Important. CAUSE

### should is OCCUPATION RECORD PERMANENT 4 S UNFADING INK-THIS certificate. of WITH PLAINLY,

state Very

1 PLACE OF DEATH Village or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE DATE OF BIRTH (Month) 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

OF FATHER (State or country)

(Year)

If LESS than

1 day hrs.

OR ..... min. ?

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Ward)

fif death occurred in

Lordau'	a nospital of institution, give its NAME instead of streef and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH Jan,	1015
(Month)	(Day (Year)
17 I HEREBY CERTIFY, That, I	
Der 19th	1915
, 1914, to Xa	, 191 <u>0</u>
that I last ssw h an alive on the	, 1919
and that death occurred on the date stated	1151
	above, at
The CAUSE OF DEATH * was as follows:	4'
Tillerealar Mens	engelis
***************************************	**************************************
(Duration)	yrsmosds
Contributory Convulsion	,
Secondary	100000 D1.20000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Ouration)	yrsmos/2_ds
1. Atatral	
(Signed)	, M. D
Jan 181 , 191 5 (Address) Coci	Kezaville mi
	in deaths from Viorpage
*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	(2) whether Acciden-
16 LENGTH OF RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS
At place In the	
	yrs ds
Where was disease contracted,	
if not at place of death?	\$0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Black Rock Conceley	Jan 3 , 191
20 UNDERTAKER	ADDRESS
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REGISTRAR

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PARENTS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

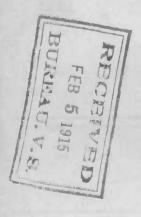


[Approved by U. S. Consus and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial mephritis. nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



V. S. No. 1.

Village or City lestensile (No Springer Land Pelecca de la County Pelecc	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 30  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
DEPSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIEO, WIDOWEO, ORDIVORCEO (Write the word)	18 DATE OF DEATH 28 1915. (Month) (Day) (Year)
GDATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended deceased from 22 not 1912 to 1915, that I last saw h lally on 1915,
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry.	Pulming Suberculous
business, or establishment in which employed (or employer)  BERTHPLACE (State or country)	(Ouration) yrs. mos ds. (Secondary)
10 NAME OF FATHER Jacob Miller	(Signed) (Buration) yrs mes ds. (Signed) (Address) Colonsorlle M.D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  CLASSICAL  ABOLES  ABOLE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or comptry)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death yrs
(Informant) 533 & ausqueth M.	Where was disease contracted. If not at place of death?  Former or usual residence
Filed Jan 29 1915 Marshall Blood REGISTRAR  If more blanks are needed, address State Regis trar, 6	20 UNDERTAKER on Garmel Redaddress 1419 8 16 Franklin St. Bollon Bouverting W. S. No. 1

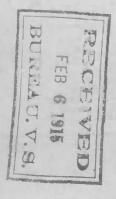


[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At honic. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death-Name, first, the disease causing death-Name, first, the disease causing death-Name affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipus desired control of the control of t

"Contributory." scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Tracmia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma. sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Can-er" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 State cause for Examples:



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BINDING	G INK-THIS IS A PERMANENT
FOR	-THIS IS
RESERVED FOR BINDING	H UNFADING INK
MARQIN	, WIT
	WRITE PLAINLY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

	1 PLACE OF DEATH	273	STATE OF MA	
co	unty Baltimun	- (819	CERTIFICATE ( Registration D	2-/
Viii	lage or City Mrstope	Retroat -	Mctofine Mck St.; War	
	FULL NAME	ichael Kr	egau	ot street and number.]
	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 51	ex 4 color or race	SINGLE,  MARNIED, Dingle  WIDOWED,  ORDIVORGED (Write the word)	(Month)	3 rd , 191 4 (Day (Year)
-	ATE OF BIRTH	ww	Jun 4 11- 199 to Jan	
7 A	(Month)	(Day (Yea	r)	- "
a	1.1 49	t day,	hrs. The CAUSE OF DEATH* was as follows	: 1
(a)	rucular kind of work:	Worker	Milandiolia-Chri	Tue of My yerdenia)
(b) bus whi	General nature of Industry, liness, or establishment in Mach ich employed (or employer)	iner, Ela		yrsds.
	(State or country) In Can	d	Contributory He at Bush Secondary at Cardiae Collapes (Doration)	,
	10 NAME OF FATHER NOT Ku	eriu	(Signed) Ir auk f Alan	исту, М. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Suffe	us to h Irland	*State the Disease Causing Death,	
PARI	12 MAIDEN NAME OF MOTHER  M. L.	moron	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	LS. INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	end.	At place and in the ot death with yrs mos ds. State	of least 23 yrs
	(Interment) RECEIVES 4 MAN		Where was disease contracted, Bulhum It not at place of death?  Former or	
		break - her Hore	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Fil	ied Jass 4, 1915 - 912	n. G. Ouen	20 UNDERTAKER	ADDRESS
-	/ 14 mans 11	REGISTRA	R	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

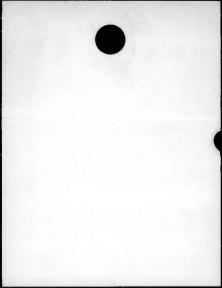
addittop it should be used only when needed. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the "Manager," "Dealcr," etc., without more precise specistatement. the nature of the business or industry, and therefore an essent to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive first line will be Mincient, e. g., Farmer or Planter, applies to each and overy person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indlvery important, so that the relative healthfulline is provided for the latter statement; Never return "Laborer," Farmer (retired 6 yrs.) For persons Stationary frequencete. But In many in a dustrial employments, it is nec-As examples: "Foreman," engineer.

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childbirth or miscarriage as "Puerperal septichacnant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy." "Collapse," "Coma," "Couvnisions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequeuces (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or affection need not be stated noless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-"Exhaustion," Never report For vio-







WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

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RECORD

N. B.

1 PLACE OF DEATH

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County Back -



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 09 4

St.;Ward		S	t.;	W	ar	d
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[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME anna Rosina Kehrberger

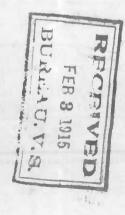
I VIL ITAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white MARHIED, lenderved ORDWORED, Cardenved (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY. That I attended deceased from
G DATE OF BIRTH  J J Month) (Day (Year)	that I last saw her allve on Jan 3 7, 1915
7 AGE   11 LESS than 1 day,	The CAUSE OF DEATH* was as follows:  Currhosis of the Liver
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	
which employed (or employer)  9 BIRTHPLACE (State or country)  Lermany	Contributory Secondary (Duration)
11 BIRTHPLACE OF FATHER (State or country)  State or country)	(Signed) Jasthwilson, M. D.  ,19 (Address) Forobles bury Ind  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  UNKnown	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	ot death yrs mos ds. State yrs mos ds  Where was disease contracted, It not at place ot death?  Former or  usual residence
(Address) Boring Mcs  16  Filed Joseph 5, 1915 Cyril Elmo Forofl 9  REGISTRAR	Sh. Paul Genety Jan 7", 1915. 20 UNDERTAKER LIPTON Son Hampolead
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," mns," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Aseer" is iess definite; avoid use of "Tumor" for maiigoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomenela. scpsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerreral septichae cte., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; ctc. State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT RECORD

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N. B.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Dist. No.

Ward)

MAR	1261	ati	QΠ

[If death occurred is a hospital or institution,

FULL NAME Allins & M	Selles of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WIDOWED, OR DIVERCED (Write the word)  (Month) (Day (Year)	(Month) (Day (Year)  (HEREBY CERTIFY, That I stiended decessed from 1914, to 200, 19145  that I last saw h
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that desth occurred on the date stated above, at 9.00 m.  The CAUSE OF DEATH+ was as follows:
a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Couration) Tree mos & ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER	Contributory (Doryfon) yrs mos ds.  (Sgnod) 777 MS M.D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?————————————————————————————————————
16 Filed Pare 2 1914 W.E. The lauralian	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS

REGISTRATE CONCOLOSONS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### 1 PLACE OF DEATH

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Parietration	Diet	Ma	47	

Illags or City Bay View Asylum (No	CIT	TY	HOSPI	AL
------------------------------------	-----	----	-------	----

St.;....Ward)

[It death occurred la a hospital or institution, give its NAME Instead of street and number.]

	L NAME	auraves.	s.L.er	
PERSO	NAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the wo	- 1 \ / 1/1 //\ 1 / 1	January 23rd, 1915 (Month) (Day (Year)
6 DATE OF BIRTH	4			17 I HEREBY CERTIFY, That I attended deceased from
			. 1 845	Navember 1 st 195 , to January 23rd , 191 5,
	(Month)	(Day	(Year)	that I last saw her alive on January 23rd, 191 5
7 AGE	7 O yrs	mosds,	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1.0.1 Opm. The CAUSE OF DEATH* was as follows:
(b) General nature o business, or establi	rkH.o. t industry,			Grand Senility at
9 BIRTHPLACE (State or cour	ntry) Marvl	and		Secondary Bronehopneumonia
10 NAME OF	James Glia	nville		(Signed) UCTuncoff8 - M. O.
Z OF FATH (State of	ACE IER country) Mary	l d'nd		Jan. 24th 191.5. (Address) CITY HOSPITAL *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State of Maiden of Mot	HER	h "Dibb		CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	ACE IER country) G1	artville		or Recent Residents) At place of death 1 yrs. 2 mos. 22 ds. State yrs. mos. ds Where was disease contracted,
(Intermant)	Isaac Gla		LEDGE	It not at place of death?————————————————————————————————————
(Address)	523 Wesl	ey St.		Toudon Parke Jan 25, 1915
Filed Jan 2	4 19r5 M	Man A	BALK/ REGISTRAR	20 UNDERTAKER ADDRESS 100 Blook 1003 W. Balto.
110	/ If more blanks a	re needed, addre	ess State Regis	trap, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write Nonc. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL perilonitis," etc. State cause for childbirth or unlscarriage as "Puerperal septichae canse. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the nns," "Old Age," "Shock," "Uraeuia," "Weakness," mere symptoms or terminal conditions, such as "Asculvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertakeu. "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio



RECORD statement PERMANENT stated classified. 4 pe SI should INK-THIS properly AGE supplied. UNFADING that WITH pinous PLAINLY ATH in plain instructions information DEATH WRITE

state Very PHYSICIANS should of OCCUPATION IS certificate. 0 0 terms, 00

3 SEX

7 AGE

ENT

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15

See Jo

mportant. Every It

PO

m

ż

No.

8 DATE OF BIRTH

BOCCUPATION

(a) Frade, profession, or

particular klod of work

(b) Geograf nature of Industry, business, or establishment in

which employed (or employer) 9 BIRTHPLACE (State or country)

10 NAME OF

FATHER

11 BIRTHPLACE

OFFATHER (State or country)

OF MOTHER

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

S SINGLE.

MARRIEO, WIDDWED.

ORDIVORCED (Write the word)

(Day)

KNOWLEDGE

REGISTRAR

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3G

•		
 St.;	Ward)	[if death occurred in a hospital or institution, give its NAME lostead

of sfreet and number. ]

(Year)

If LESS than

1 day hrs.

OR ..... min. ?

(No.

MEDIC	AL CERTIFICATE OF	DEATH	
16 DATE OF DEATH	(Month)	J.J. (Day)	., 191.J (Yesr)
17 / I HERE	BY CERTIFY, That I	attended dec	eased from
Jun 23	, 1915 to Just	1.25	, 1917
Hat I last saw hense			
and that death occurred		above, at 4	30 a.m.
The CAUSE OF DEATH	1× Was as follows:		
( inelyal	DAmme	Ma	ee_
••••••••••••••••••••••••••••••••••••••			
·	(Ouration)	yrsm	os3ds.
Contributory(Secondary)	000000000000000000000000000000000000000	**************	
	(Deration)	Vrs. m	esds.
7 0	A	Land a marriage	

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

Co Williamic

1915 (Address) Christian

I	18 LENGTH OF RESIDE!	CE (FOR HOSPITALS, INSTITUTIONS	TRANSIENTS.
l	At place	lo the	
	ot death yrs mo:	ds. Sfate yrs,	mos ds.

Where was disease contracted. If not at place of death?

Former or

usual residence

19 PLACE	OF BL	RIAL	OR	REM	OVAL
19 PLACE	an	Cer	ul	ler	4

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

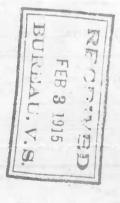


Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereutosis of lungs, meninges, peritonaeum, etc... Carein-

injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of \_\_\_ (name origin; "Can-"Exhaustion," Examples: For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS 1 PLACE OF DEATH

278

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

St.; Ward)

[If death occurred lo a hospital or institution. give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  All John (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	Month) (Day (Year)	that I last saw har allve on au 26 1915.
7 A		and that death occurred on the date stated above, at
pa (b) bus	CCUPATION ) Trade, profession, or riticular kind of work	Premature Buth about 7 months  (Duration) yrs. mos. ds.
-	(State or country) Oatourelle rud	Gontributory Secondary  (Duration) yrs mos ds
PARENTS	10 NAME OF FATHER John R Klause  11 BIRTHPLACE OF FATHER (State or country) Haward Ca  12 MAIDEN NAME OF MOTHER Quine Kreislun	(Signed) Wassall & Wrst , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL  16 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO NO.
	13 BIRTHPLACE OF MOTHER (State or country) Augus Augustal Co THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John R Krause	OR RECENT RESIDENTS) Af place In the of death yrs mos ds Where was disease contracted, If not at place of death? for at place of death?
16 FII	led Jan 27, 1915 marfall Blorst-	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ON Prince Jan 28, 1915  20 UNDERTAKER ADDRESS
		tra, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

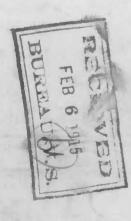


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nant neoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuitai," "Senlle," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustiou,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

S should state ATION is very	County Ballo Cantan	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 4/-  St.; Ward)  St.; Ward)  A possible or inclination	
PHYSICIANS should of OCCUPATION	FULL NAME John St	St.; Ward)  St.; Ward)  Teccification   If death occurred is a hospital or institution, give its NAME instead of street and nombor.]	
. t.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
d EXACTLY	Male White the word	16 DATE OF DEATH  (Month)  (I)dy (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
e statedied. Ex	Month) (Day (Year)	that I last saw h alive on, 191,	
should be s ly classified.	7 AGE 45 yrs. mos. ds. OR min.?	The that death occurred on the date stated above, at	
AGE proper	(a) Trade, profession, or particular kind of work	accidental man	
y supplied t max be	(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary	
ild be carefully rms, so that it back of certifica	10 NAME OF John Arauss	(Signed) (Duration) yrs mos ds. (Signed) (Address) (Dorone) M. D.	
shot n tel	11 BIRTHPRACE OF FATHER (State or country) Germany  12 MAIDEN NAME OF MOTHER  And	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOSICIDAL.  18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.	
nformation ATH in plair Instructions	13 BIRTHPLACE OF MOTHER (State or country) Lermany	or RECENT RESIDENTS) At place In the of death yrs, mos ds  Where was disease contracted.	
y Item of Inf SE OF DEAT ortant. See in	(Informants Decholus Well  (Address) 3823 Fasler Cro	If not af place of death?  Former or usual residence.  19 PLACE OF BURIAN OR BEMOVAL PATE OF BURIAL	
B.—Ever CAU Impo	Filed gall, 17, 184 W.C. M. Claualian REGISTARY	20 UNDERTAKEN MILLEN 2838 Performed	
z.		trar, 6 E. Frauklin St., Barto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meminges, peritonacum, etc., Carcin-

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ż

1 PLACE OF DEATH Very PHYSICIANS should state OCCUPATION IS Chestnet Rillya RECORD ō properly classified. Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE DATE OF BIRTH 4 pe (Month) IS TAGE should UNFADING INK-THIS AGE BOCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) ----of certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 PLAINLY, WITH pe See instructions on back PARENTS 11 BIRTHPLACE piain terms, should OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Information \_ 13 BIRTHPLACE OF MOTHER (State or country) DEATH WRITE 14 THE ABOVE IS ō CAUSE OF Important. (Address) 15 ż

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:---Ward)

Ilf death occurred in a hospital or lostitution. give its NAME instead

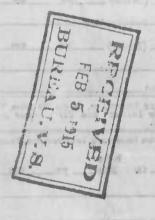
ME Aredrick A	crempal of street and nomber.]
ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR OR RACE SINGLE, MARRIED, WIDOWED, WARRIED,	16 DATE OF DEATH Jan 26 1915
orbivorced (Write the word)	(Mouth) (Day (Year)
The the words	17   HEREBY CERTIFY, That I attended deceased from
Dec 21 180	41 Jan 1915 to Jan 26, 1915
(Month) (Day (Year	
If LESS th	and that death occurred of the date stated above, at
mos ds or min.	I ING CAUSE OF DEALTH Was as follows:
mos ds. OR min.	- myral Turnfriend
lanne	Wilghal Heart - Drypsel
	Ordenia of Trings
	(Duration) yrs / mos.
	Contributory Deletation of Heart + Caroling
Ce.	Secondary
Germany	(Duration) 2 yrs mos
drick Kremps	(Signed) 12 H. Brusey:
unch Kremps	Jan 27, 1915 (Address) Geral Ind
Germany	
Juliany	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, Or HOMICIDAL.
Akia andrew	
6	OR RECENT RESIDENTS) At place In the
Gumany	of death yrs mos ds. State yrs mos
THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
all Krembul	Former or
	usual residence
ynden mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
DA A	- Druil Ridge land, Jan 28, 191.
J. Touspey how	20 UNDERTAKER ADDRESS
REGISTRAR	The Marie Marie
ore blanks are needed, address State R	Registrat & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Furn laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborcr," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as Wobubly LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report For vio-



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WRITE

S. No. 1

CAUSE OF Important.

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be properly

DEATH in plain terms, so that it masses instructions on back of certificate.

1 PLACE OF DEATH 28	1
County Baltimore,	(2-8
Village or City Bay View Asylum	(No. LINICIPA

Jan 3 1915 Miriam Bair

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

It death occurred is a hospital or institution, give its NAME Instead

ADDRESS

2FULL NAME Wilk? Kudsus of street and number.]				
1944	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
35	ex 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  Month)  (Day  (Year)		
6 D	(Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from  13 1914, to 2 1914, that I last saw h LAM alive on 2 1914		
7 A	GE   it LESS than 1 day,hrs.   OR min. ?	and that death occurred on the date stated above, at 9.05 m. The CAUSE OF DEATH* was as follows:		
(a pa (b) bus	OCUPATION ) Trade, profession, or ritcular kind of work  O General nature of industry, siness, or establishment in ich employed (or employer)	Porthus Pulmonales (Ouration) Understand of		
	IRTHPLACE (State or country)	Gontributory Secondary		
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)		(Signed) T. T. Callular mos ds.  (Signed) T. Callular		
PA	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIPAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrsmosds. Stateyrsmosds		
	(Informant) Cospetal Records  (Address) Bay Dieux	Where was disease contracted, if not at place of death?  Former or usual residence 3 0 1 5 Tout Queen 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF STATE OF BURIAL		

REGISTRAR

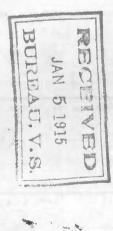
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as galnfully employed, as At school or At home. Care mine, etc. tication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neebeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and equation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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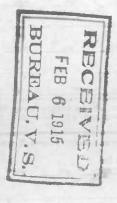
1 PLACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. fif death occurred is a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED. ORDIVORCED WORD I HEREBY CERTIFY. That I attended deceased 17 classified. (Month) (Day (Year) TAGE If LESS than should and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? properly ы BOCCUPATION AG (a) Trade, profession, or particular kind of work supplied. pe (b) General nature of Indostry, business, or establishment in may which employed (or employer) ...... certificate. BIRTHPLACE Contributor that it Secondary (State or country) 10 NAME OF FATHER 80 of back ARENTS terms, 11 BIRTHPLACE should OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 0 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. MY KNOWLEDGE of I DE If not at place of death? Former or item 01 Every Item CAUSE OF Important. usual residence. (Address) ----DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foreman,"

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cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmere symptoms or terminal couditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in ...St.:....Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. -Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death?

Former or usual residence.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: (Recommendations on statement of (secondary or intercurrent) State cause for



A PERMANENT RECORD

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AGE should be

WRITE PLAINLY, WITH UNFADING INK-THIS IS

.-Every Item of Information should be CAUSE OF DEATH in plain terms, s

N. B.

1	DI	A	CE	OF	DE	ATH



### STATE OF MARYLAND

County Baltimore 20	CERTIFICATE OF DEATH
Village or City (No. UNIC. PA Pune Sabby	Registration Dist. No. 41  St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Veale  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	Mars. 35 1914 to Jan 6 , 1914
(Month) (Day (Year)	that I last saw here alive on the J
FOCCUPATION (a) Trade, protession, or P	and that death occurred on the date stated above, at
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 7 ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF Louis Laby	(Signed) 7.7. Collaboro, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SHOULD BE HOUSENESS.
of Mother E ling fetto White	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. 12 ds. State to mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) down 3. Lypy	Former or usual rasidence ( No addiess.) 17 Belau K
(Address) 17 Belair RX	19 PLACE OF BURIAL OR REMOVAL
Filed Jan 1915 Merean Back	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meuligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerreral septichae cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertakeu. "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion" ullure." "Hannetton" Measles (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for For Vio-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every liem of information should be CAUSE OF DEATH in plain terms, so

1 PLACE OF DE

S. No. 1.

Important.

EATH	285	STATE OF MARYLAND
	(4)	CERTIFICATE OF DEATH

Registration Dist. No. Holy (No. Holy Stand) a hospital or in

[It death occurred in a hospital or institution,

*FULL NAME Plots daluff	-
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
4 COLOR OR RAGE SINGLE, MARRIEO, LAND WIDOWED, OR OIVORGEO (Write the word)  16 DATE OF DEATH  (Month) (Day  17 I HEREBY CERTIFY, That I attended deceived the second state of the second	, 1915 (Year)
Unknown Jan 30th that I last saw home allye on Jan 30th	1913
GE    Solitif   Char   Char	.5.Q.m
CCUPATION ) Trade, profession, or tricular kind of work.  Hauter	00-79999-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7
General nature of industry, siness, or establishment in ch employed (or employer)	ds.
(State or country)  Secondary  Ouration)	20
10 NAME OF FATHER GLORGE Labuff (Signed) States 30 1945 (Address) Rolling Harden Hard	, M. O.
(State or country)  *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether	VIOLENT Acciden-
OF MOTHER  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TE OR RECENT RESIDENCE)	RANSIENTS
of MOTHER (State or country)  At place of death  Where was disease contracted,  Where was disease contracted,	S ds
(Informant)  (Informant)  (Informant)  (Informant)  (Informant)	•
(Address)	RIAL
101 Jan 30th 1915 J. Horgan M. O. 20 UNDERTAKER TO ADDRESS N. W.C.	, 191

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. eated this: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemla," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ecr" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of sknll, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL perilonitis," etc. State cause for childbirth or iniscarriage as "Puerveral septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was nadertaken. etc., when a definite disease can be ascertained as the "Contributory." The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

County Baltimore

Village or Cit Bay View Asymme



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

(No	GI.	TY	H	OSI	7	FAI	
(MO							TOOL.

.St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Minerva Lantenklos

	PERS	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
³sE Fe	x male	4 COLOR OR RACE White	SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DA	TE OF BIRT	ГН		I HEREBY CERTIFY, That I attended deceased from
		(Month)	(Day (Year)	Sept. 8th 1914 to January 28th, 1915, that I last saw her allow on January 28th 1915
7 A C		43 yrs	If LESS tha	and that death occurred on the date stated above, at 1.0 A. m.
(a) par (b)	CCUPATION Trade, profession ticular kind of the General nature	on, or work H. of Industry,	ousework	lyocardial Insufferiency
	ness, or estat ch employed (or		***************************************	(Ouration) yrs mos ds.
9 81	RTHPLACE (State or co	untry) Pennsy	lvevie	Secondary Ullral Heirosis
	10 NAME O	F	iam Laukenklos	(Signed) (Si
ARENTS	11 BIRTHP OF FAT (State	HER	sylvania	Jan. 28th 1915. (Address) GITY HOSPITAL
PAR	12 MAIDEN OF MO	THER	phine Forbes	CAUSES, State (1) MEANS OF INJURY; And (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	OF MOT (State	LACE	nsylvania	At place of death yrs4 mos. 20 ds. State yrs mosds
	Informant)	HOSPITAL	TOF MY KNOWLEDGE	Where was disease contracted, if not at piace of dealb?  Former or usual residence 203 N. Poppel ton St. City.
15	(Address).	7	1 Ulles	PLACE OF BURIAL OF REMOVAL DITE OF BURIAL JAW 30, 1985
File	1 Jan	28,1915	REGISTRAR	20 UNDERTAKER ADDRESS/944
	1	If more blanks a		istrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Duy laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (el ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal scottehae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustlon," affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of



UNFADING

WRITE

### certificate. 50 back

PHYSICIANS

RECORD

PERMANENT

STATE OF MARYLAND state CERTIFICATE OF DEATH CSICIANS should OCCUPATION IS Registration Dist. No -Ward) MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO, Married (Month) ORDIVORCED Exact I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ciassified. (Month) (Day (Year) 7 AGE If LESS than 1 day .....hrs. OR ..... min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) may which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER See instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE ۳ At place OF MOTHER (State or country) I DEAT Where was disease contracted 14 THE ABOVE IS if not at place of death? OF (informant) Important. Every it (Address' 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

I'll death occorred in

a hospital or institution.

give its NAME instead of street and nomber.]

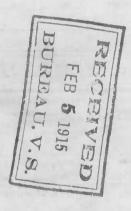
(Day

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



V. S. No.

PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, s

Important.

N. B.

288 Gounty Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

VIIIage or City Raspelving (No. 1900)	St.; Ward)  [it death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 color or race 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
(Month) (Day (Year)	that I last saw h 22 alive on M. I attended deceased from 1915;
7 AGE  8 yrs. mos. ds. or min.?	and that death occurred on the date stated above, at \( \frac{1}{2} \) \( \text{m} \). The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or emphyer)  BIRTHPLACE (State or country)	(Duration) yrs mos. 7 ds.  Contributory Secondary
10 NAME OF FATHER LIKEWAY  11 BIRTHPLACE OF FATHER (State of country) Whiteway  12 MAIDEN NAME OF MOTHER	(Signed) (Buration) yrs mos ds.  (Signed) (Address) (Address) (M. D.  *State the DISEASE CAUSING DEATH, OF In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted, If not at place of death? Former or
(Address) Bakeburge Ind 16 Filed Jan 17: 1915: The F. Glayton: PEGISTRAR	10 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL  10 PLACE OF B

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupatious gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichac-"Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1915 BUREAU, V.S.

N. B.—Every ltem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 15

Gounty Baltimon 2	CERTIFICATE OF DEATH
Village or Gity Stighlandtown (No. 919. 4) 2 FULL NAME Searge F.	Registration Dist. No.  First St.: Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, With the word	16 DATE OF DEATH    Cont. 30   1915
Month (Day (Year)	that I last saw h wil alive on au 29 1915,
9 yrs 9 mos ds. or min.?	and that death occurred on the date stated above, at 4, 2,5 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE	Contributory of haushow  Contributory of haushow
10 NAME OF Daviel Leitner	Secondary  (Duration) yrs mos ds.  (Signed) J. Lades - N. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Garbaia  Jensel	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted,
(Informant) Daniel Lecturer	If not at place of death?————————————————————————————————————
16 Filed Tell 2 -, 1915 W. P. Place Clauraleau Pregistroff	19 PLACE OF BURIAL OR REMOVAL ROS BATE OF BURIAL St. J. 1915  20 UNDERTAKER  Jell & Jeile 403 18. Welfer
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

289

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that faet may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many oecupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the DISTARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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	RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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V. S. No. 1.		CAUSE Import
3		Z.

Village or City Promote Rooms	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 9  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale Police (Write the word)  3 SEX  A COLOR OR RACE SBINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month), (Day) (Year)	that I last saw h ly allve on Done 16 1910
TAGE  If LESS than 1 day,hrs. OR. min.?  Coccupation (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at #1-30Am. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
(State or country) monthson Bulle To	Gontributory(Secondary)
10 NAME OF FATHER OF OUNG  11 BIRTHPLACE OF FATHER OF COUNTY OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At prace of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Informant) John young	if not at place of death?  Former or usual residence
(Address) monkston Wal,  Filed Jan. 18, 1913, Thos. 74, Emory REGISTRAR	20 UNDERTAKER JUN Brook ADDRESS
if more blanks are needed, address State Regis trar, 6 I	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "I'UERPERAL schtichae-\_ (name origin; "Can-Examples:



	RECORD	PHYSICIANS should state of OCCUPATION is very
. s. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
-		4

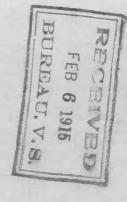
Gounty Rellieure (68	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village of City Calinstille (No. From	[it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWEO, OROUVORCEO (Write the word)  6 DATE OF BIRTH  (Month)  (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from  18  1915  that I last saw h lalive on the latter of the last saw h last sa
7 AGE  1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 NAME OF FATHER	Contributory Nelauelvolia Murolation (Secondary)  (Signed) (Duration) yrs. 5 mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  LULL  12 MATTER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (INformant)  (Address). 2 40 5 David Hell Ceve	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOYAL DATE OF BURIAL
Filed Jan 10 1915 Maushall B Wish REGISTRAR  If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tctanus) injury, as fracture of skuli and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral scotichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Contributory." Accidental drowning; Struck by railway train--Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic oma. Sarcoma. etc., of \_ mere symptoms or valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "Old Age," "Shock," "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head terminal conditions, such as "As "Taemia," "Weakness," \_\_ (name origin; "Can death), 29 Examples:

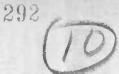


V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION-16-very	1
EXACTLY.	t statement	
stated	d. Exact	
hould be	ciassific	
AGE s	properly	*
supplied.	may be	te.
carefully	that It	f certifica
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should	n terms	on bac
mation	in plai	ructions
Info	ATH	Inst
50	DE	See
EB	PO	nt.
Every II	CAUSE	important. See instructions on back of certificate.
N. B		

1 PLACE OF DEATH county Balteriore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 30

Village or City Catourulle (1	vo Jahrin	Cahe Rd
	//	

\_St.;\_\_\_Ward)

[if death occurred in a hospital or Institution, give its NAME lostead of street and number.]

2FILL NAME	· Jane	8	Lemmon
I ONE HAIRE			

PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX female	4 COLOR OR RACE SINGLE, MARRIED. WHOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	н , , , , ,	-1000 20 (m-1) 10
7 AGE	(Month) (Day (Year 1 day	that I last saw her alive on 9, 1915 and that death occurred on the date stated above, at 10, m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession particular kind of wo (b) General nature o business, or establi	or vone	La Sriffe,
which employed (or a substitution of substitut	employer)	Contributory Condico Ostherica.  Secondary  (Buration) yrs mas / ds.
ш	Ace recountry) rud	(Signed) hearshall 10 with . N. D.    Cau   10, 1915 (Address) Catourulle   *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLI OF MOTH (State of	ACE HER T COUNTRY)  Wed	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  OR RECENT RESIDENTS)  At place in the of death yrs mos ds.
(Informant) (Address)	mens,	Where was disease contracted, If not at place of death?  Former or Usual residence.  19 PLACE OF BURIAL OR REMOVAL,  ATE OF BURIAL
Filed & au	11,1915 Marshall Blook	29 UNDERTAKER LELAN, 2/13 Greenwent



[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Honsckeepers who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary froman, etc. But in many For many occupatious a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing meanth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) <sup>3</sup>Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "l'uem'eral poritonitis," etc. State cause for childbirth or miscarriage as "Puerperal soptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakuess," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Sculle," etc.), "Dropsy," "Exhaustion," thcuia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic eer" is iess definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Ileart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For VIO-



V. S. No. 1.

N.B.

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

VIIIage or City Cantan (No. 3506	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [it death occurred is a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED MADRIE O WIDDWED WIDDWED Write the word?  B DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Doc (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  7 AGE   18 LESS than t day, hrs. OR min.?	that I last saw h alive on 2 (a, 191.), and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:
S OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  Parthplace (State or country)	Contributory Secondary
10 NAME OF FATHER Richard Mason  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Buration) yrs mos ds.  (Signed) (Signed) (Address) 3 7 (Signed) (No. 1)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal, or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER (State of country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place tn the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or osual residence.
(Address) B5 6 7 Me Sulf Filed Su	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  JOHN 38, 1915  20 UNDERTAKER  ADDRESS  ADDRESS  Franklin St., Balto., Requesting V. S. No. 1.



### [Approved by U. S. Census and American Public Health REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illmine, etc. Women at home, with are engaged in the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) 3Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE (avoid use of

> cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequeuces (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Oid Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

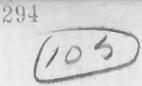


WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### 1 PLACE OF DEATH

County Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 41

Village or City Bay View Asylum. (No	Bay View Asylum
--------------------------------------	-----------------

St.;....Ward)

Tif death occurred in a hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Liggett

2		MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDINGRED (Write the word)	Manuary 3rd ,1915 (Month) (Day (Year)
6 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased from MAug. 11th 1914, to Jan. 3rd 195
	(Month) (Day	(Year) that I last saw him alive on Jan. 3rd , 191 5
7 A G	110	LESS than and that death occurred on the date stated above, at 6.45 Agray,hrs. The CAUSE OF DEATH* was as follows:
(a) part	CCUPATION  Trade, profession, or ticular kind of work  General nature of industry.	Chronic Enteritis
busir	iness, or establishment in ch employed (or employer)	(Duration) yrs mos ds
9 81	RTHPLACE (State or country) Virginia	Gontributory Secondary
Unobtainable  Un		(Signed) (Ouration) yrs mos ds
		Jan. 4th ,191.5. (Address) ATV ADSPITAL *State the Disease Causing Death, or, in deaths from Violence
		TAL, SUICIDAL, or HOMICIDAL.
		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs, mos ds
		Where was disease contracted, If not at place of death?  Former or usual residence.  Bay View Asyluco.
15	(Address) Bay Villat	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TURNS HOPKINS HOP Jan 7, 1915
File		BALL HUNDERTAKER ADDRESS BTHAR 4. L. HUNLEY 1097 Gelm



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not pald Housekeepers been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. childbirth or miscarriage as "Puerperal septichac cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvilsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of State cause for "Exhaustion,"



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred to St.: Ward) a hospital or institution. give its NAME instead of sfreet and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH .. allve on ... (Month) (Day 7 AGE if LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? SOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) ... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ..... yrs. ... mos. .... ds. State ..... yrs. \_\_\_\_ mos. \_\_ Where was disease confracted. 14 THE ABOVE IS TRU if not at place of death? usual residence DATE OF BURIAL 15 1915... 20 UNDERTAKER ADDRESS

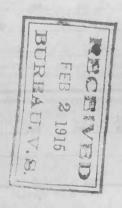
to 4 Jay son SH If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purrenal septichac -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronical oma. Sarcoma. etc., of .. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemla," "Weakness," "Senile." etc.), (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhanstion," (name origin; "Can death), 29 State cause for Examples:



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### STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH\* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory. Secondary (Doration) 1D NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME ATH in plain instructions OF MOTHER

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

OR RECENT RESIDENTS) Af place in the of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. If not at place of death? .... Former or

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

2D UNDERTAKER

usual residence.

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager;" "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, Irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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scpsis, ictanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for mus," "Oid Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerreeal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over the output and all questions answered in detail, it will prevent further expressiondence. All the data is essential and must be obtained before the certificate is permanently filed.



MAR 4 1915 BUREAU, V

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See instructions on back of certificate. DEATH in plain CAUSE OF Important.

PHYSICIANS should state of OCCUPATION is very RECORD Every Item of Information should

1 PLACE OF DEATH

County Ballimore

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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tone	Lucas	***************************************

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Tale Mite Single, Wishered Or Britored (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DA	(Month) (Day (Year)	that I last saw have cally on Jan 5 1915
7 AG		and that death occurred on the date stated above, at 3 m.  The CAUSE OF DEATH* was as follows:
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busi	General nature of industry, ness, or establishment in ch employed (or employer)	Contributory Carlean Defatation
	10 NAME OF FATHER  1. A MANUAL MARKET	Secondary (Ouration) yrs mos ds. (Signed) M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  Onthe	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	TAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
	Interment) A AND A CONTRACTOR OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence.
16 File	(Address) Isleton Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DATE OF BURIAL  PAUL 5 70 , 1915  20 UNDERTAKER ADDRESS
-6	REGISTRAR	Frederich Tassohn Saus Fulletsen Mik.

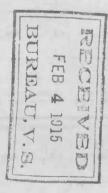


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmus," "Old Age," "Shock," "Uraemia," "Wcakness," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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### 1 PLACE OF DEATH

County Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

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village or	CITY	~~~~~~		(No.

Ilf death occurred la a hospital or institution. give Its NAME lostead of street and number. ]

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HOSPITAL St: Ward) Bennie Tuter 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX Single, Single 4 COLOR OR RAGE 16 DATE OF DEATH January WIDOWED. (Month) (Year) (Write the word) Mal e Bl.ack I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH 7th 191 5 to anuary 9th 1915 January 1.880 that I last saw h im alive on January 9th 1915 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 9 . 30 P.m. t day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or Laborer particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Maryland .....mos. 10 NAME OF FATHER Bennie Luter Jan. 11 the 15 (Address) C 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Unkhown 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Annie Watts OR RECENT RESIDENTS) 13 BIRTHPLACE At place In fhe OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_ mos. 2\_\_ ds. State ...... yrs. \_\_\_\_ ds Marvland Where was disease confracted. MY KNOWLEDGE If not at place of death? Former or 38 Hough usual residence... DATE OF BURIAL

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If more blanks are needed, address State Registrar, 6 E. Frankliu St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an eated thus: CAUSING DEATH, state occupation at beginning of illbecu changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are cugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) If the occupation has "Foreman,"

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PERMANENT O DIN

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RECORD

state CERTIFICATE OF DEATH CSICIANS should OCCUPATION IS Registration Dist. No PHYSICIANS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX COLOR OR RACE MARRIED, WIDOWED, Write the word) HEREBY CERTIFY, That I attended deceased from (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at D 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: proper 8 OCCUPATION AGI (a) Trade, profession, or particular kind of work supplied. (b) General nature of industry, business, or establishment in may which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER 0 back (Address) 4 PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER ions BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Information OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of Infor ..... yrs. ..... mos. ..... ds. State Where was disease contracted. If not at place of death? ormer or PO usual residence Important. CAUSE 15 0 ż more blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

I'll death occurred in

a hospital or institution.

give its NAME Instead of street and number. 1

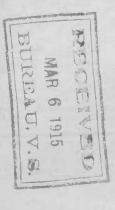
BURIAL

[Approved by U. 8, Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industy; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (d)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "Turrereal schiichae cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness." genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asampic: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_ ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of \_ (name origin; "Can-State cause for Examples:



### PHYSICIANS should state of OCCUPATION is very statement EXACTLY. stated properly classified. pinous AGE 202 carefully supplied. тау DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of information should CAUSE OF

Important.

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No. 02

DEATH	301	- Section 1
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1 PLACE OF

### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty	Bal timore			Registration Dist. No. 41
Vil	lage or Cit		(NO	GITY H	OSPITAL St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and number.]
-		ONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3 si	EX	4color or RACE	5 SINGLE, SIN MARRIED, WIDOWED, ORDIVORCED (Write the wo	igle	January 1st , 1915 (Month) (Day (Year)
7 A		(Month)	(Day	/ 885 (Year) It LESS than 1 day,hrs. ORmin,?	The CAUSE OF DEATH* was as follows:
(a) part (b) bus whi	General nature iness, or esta	on, or work			Contributory Cleute Enclocardites Secondary  Contributory Cleute Enclocardites Suchary
Maryland  10 NAME OF FATHER  John McClain  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) Maryland  13 BIRTHPLACE OF MOTHER (State or country) Maryland			(Signed)		
		HOSPITA	Jand Jor My Knowi	LEDGE JORGE JULIUT	of death yrs, mos. 17 ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or usual residence 829 Eastern Ave.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Ballimore benetery Am. 344; 1915

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupatious gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons returu "Laborer," If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Maras-nus," "Old Age," "Shoek," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the gcnital," "Senile," cte.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in a dosatal or institution. give its NAME Instead street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. wioowed (Write the word) (Month (Day (Year) I HEREBY CERTIFY That I attended deceased from OF BIRTH Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted usual residence... (Address) 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Falto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise speciit should be used only when needed. As exam:
(a) Spinner, (b) Cotton mill; (a) Salesman, additional live is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. who have no occupation whatever, write None. causing neati, state occupation at beginning of illbeen changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucassis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N.B.

Village or City Nyslenska (No. 257, 2 Pranty 2 Pull NAME	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  S. Sast One St.; Ward)  Ward)  [If death occurred in a hospital or lestitution, give its NAME lastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  2 7 ,1915  (Month) (Day (Year)  17 I HEREBY GERTIFY, That I sttended deceased from
6 DATE OF BIRTH	Jan 16 1915 to Jan 27 1915
(flonth) (Day (Year)	that I last saw ham slive on Jun 2 7 191 5
<sup>7</sup> AGE If LESS than	and that dasth occurred on the date stated above, at 9 A m,
79 yrs 4 mos ds. OR min,?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 3 ds.  Contributory Chronic Intertal Wellert
9 BIRTHPLACE (State or country) Maryland,	Secondary
10 NAME OF Harry Me Daniel	(Signed) / M. O.
11 BIRTHPLACE OF FATHER	Jun 28, 1915 (Address) Illwood and & Oleganelly
Z OF FATHER (State or country)  12 MAIDEN NAME CLOSHED MICH	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL,
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place in the of death yrs, mos, ds
(intermant) Roll Me Demiel	Where was disease contracted, If not at place of death? Former or usual residence
Filed Ju 30-1915 WE MC Caustian	PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  SOL, 191  JUNDERTAKER  MAGILE  JAN  JAN  JAN  JAN  JAN  JAN  JAN  JA
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

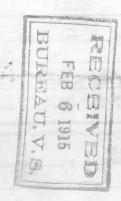


[Approved by U. S. Census and American Fublic Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerstatement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-"Laborer,"

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of OCCUPATION RECORD PERMANENT Instructions See OF mportant. CAUSE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or Institution. give its NAME instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. widowed, ordivoaced (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS fhan and that death occurred on the date stated above, at t day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? Post Operlepay 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment In which employed (or employer) ..... <sup>9</sup>BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF 11 BIRTHPLACE (Address) Met PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) Where was disease contracted, Bal If not at place of death? DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at begluuing of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucesis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection uecd not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canis less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For vio-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

N. B.-Every Item of Information should be

RECORD

PERMANENT

V. S. No. 1.

1 PLACE OF DEATH Roltimore

305

#### STATE OF MARYLAND CERTIFICATE OF DEATH

County Dat Limbite	Padistration Diet No. 47
Bay View Asylum MUNIC	Registration Dist. No. 41
Village or City (No., -)	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17   HEREBY CERTIFY. That I attended deceased from
G DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw her alive on Jan. 22,1915
7 AGE    15 LESS than   1 day,hrs.   0 min. ?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work	Pattisis Palmondes
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Lyss I hos? Wes
9 BIRTHPLACE (State or country) Glymany	Generation Julian enterities Secondary (Duration) V reduces
10 NAME OF Judger Leezka	(Signed) T. F. Cullahan, M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  WAY  Ski	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. Ods. State yrs. when we death
(Informant)	Where was disease contracted, if not at place of death?  Former or result residence 9 3 3 170 110 110 110 110 110 110 110 110 110
(Address) Bay Vilut	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed and 23, 1915 Markay Bay	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERI'ERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State "Exhaustion," Never report cause for



PHYSICIANS should state of OCCUPATION is very UNFADING INK-THIS IS A PERMANENT RECORD carefully supplied. AGE should be stated EXACTLY. Is that it may be properly classified. Exact statement i certificate. See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH County Baltimore Village or City Way Asylum

306



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

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0			ad hand	St	Ward)
State of the state of the				- 4.9	

[If death occurred in a hospital or institution,

PERS	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 <sub>SEX</sub>	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRT		17 I HEREBY CERTIFY, That I attended deceased from  23, 1914, to  that I last saw h malive on 1915
7 AGE	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 11:30 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, protessio particular kind of w (b) General nature business, or estab which employed (or BIRTHPLACE (State or con	ork tindustry, ilshment in employer)	Contributory Secondary  Contributory
12 MAIDEN OF MO	NAME THER Zeinabeth Duffy	(Signed) 37 . Cultation yrs mos ds.  (Signed) 37 . Cultation , M. B.
(Interment)	STRUE TO THE BEST OF MY KNOWLEDGE  Bay View  But 1915	Where was disease contracted, If not at place of death?  Former or USUAI residence Tea Tree Taylor Commercial  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

WRITE PLAINLY, WITH

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coul eated thus: Farmer (retired 6 yrs.) For persons causing neath, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Honsewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write Nonc. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septiehaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanns) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.;



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.

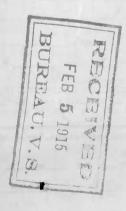
Village or City Govans (No. 7)  2FULL NAME Margaret Marie	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  Markland are St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White Single, Married Wisowed, ORGIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
March 24 , 1889.  (Month) (Day (Year)	fame , 1914, to fam 2 , 1915.  that I last asw h le alive on fam 2 , 1915
TAGE  37 yrs 9 mos 22 ds or min.?  **OCCUPATION** (a) Trade, profession, or particular kind of work  **Housewife**	and that death occurred on the date stated above, at 630 P. m.  The CAUSE OF DEATH* was as follows:  Tulinosiary Tulie culosis
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Secondary
(State or country)  10 NAME OF FATHER  Sherman  11 BIRTHPLACE OF FATHER (State or country)  12 March 12 Ruccu  12 Maiden Name OF MOTHER	(Signed) Joe House Mrs. ds.  (Signed) Joe House Mrs. M. D.  Jan 2 ,1915 (Address) Govard Ind.  *State the DISPASE CAUSING DEATH OF in deaths from Vicionia.
13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Weill G. Mc Stenzie	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  Af place in the of deathyrsmosds  Where was disease contracted, if not at place of death?
(Address) 7. markland, ars.  16 Filed 1843 3 ,194	19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  PATE OF BURIAL  PATE OF BURIAL  PATE OF BURIAL  ADDRESS  PER FORMAL  PATERIAL  PATERIAL  ADDRESS  PATERIAL  P
	month of Freemont by

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulests of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measies (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Agc," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head (Recommendations on statement of State cause for Never report



MARGIN RESERVED FOR BINDING

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Light audlow (No. 330 > 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWFFLLEGGLE ORDINARCED ORDINARCED (Worte the word)  P DATE OF BIRTH  MAY 17 909	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY That I attended deceased from  Jan (3, 1915, to Jan - 15, 1915,
7 AGE (Month) (Day) (Year)  7 AGE   If LESS than   1 day,	that I last saw h alive on
a) Trade, profession, or particular kind of work.  (h) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Bullo Co	Contributory (Secondary)  (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER OF BAllo City	(Signed)
(Informant) liquist . Moure  (Address) 3302 Deulon At  Filed Jan. 14-, 1844 W.C. The landlan  REGISTRAPH)	Where was disease contracted, If not at place of death?  Former or  usual residence  19 PLACE OF BURIAL PREMOVAL  CLUB AND RESS  ADDRESS  Bullo City
if more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm labour, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanitlon," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railroay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ample: Mcastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always quality all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Can death), 29 Never report Examples: For VIO-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RAGE DATE OF DEATH MARRIED. WIDDWED, (Month) ORDIVORCED (Write the word) (Day HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which emplayed (or emplayer) State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE 191.2. (Address) 26 OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country

At place	In the	
of death yrs mos ds.	State yrs, mos	_ d
Where was disease contracted,		
If not at place of death?		

Former or usual residence

REGISTRAR

Children	POKINE OK K	EMOVAL
10		10
-11	1/11/1/1/	1-5m
	- CUV	0000

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PHYSICIANS shou RECORD statement PERMANENT ated classified. 4 S D INK-THIS properly AGE supplied. pe UNFADING may certificate. 0 WITH terms, Should 0 PLAINLY. plain instructions 2 DEATH WRITE See of FO mportant. CAUSE 15

TRUE TO

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the nisease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH County Ball CERTIFICATE OF DEATH Registered No .... fit death occurred in St; .....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, dengle WIDOWED, (Month) OROIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH ., 191...., to Dec. that I last saw h alive on 191 (Day) (Month) It LESS than TAGE and that death occurred on the date stated above, at 1 P. m. 1 day hrs. The CAUSE OF DEATH \* was as follows: mos. 28 ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) I hos, H. 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTA OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_\_ ds. Where was disease contracted. it not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. James P.E. Church manor, Baltimore Co. 15 20 UNGERTAKER Inonketon, Md lf more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. 8, Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc... Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "Tueeperal peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal scoticharture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. 'The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of .. "Contributory." Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ls less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle." etc.), "Dropsy," (Recommendations on statement of (name origin: "Can "Exhaustion," Examples: For vio



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 311 County Baltimore Md. (6 Village or City St. agnes (No. Forpsi 2FULL NAME Mystle Mar	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale II lite Single, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Pay (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	fand 9, 1915 to Lan 6, 1915
Lecember 1,1897	that I last saw her alive on Joan 9 191
7 AGE (Month) (Day (Year)  1 day, hrs.  yrs. mos ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	from Colottus conflagration
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos /3 ds
9 BIRTHPLACE (State or country) Warford	Secondary (Duration) vrs. mds has
10 NAME OF Decardo Martin	(Styned) ELA
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Quantity  12 MAIDEN NAME OF MOTHER  Quantity	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
W 12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE OF MOTHER (State or country)  Varford	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds
(Informant) Mr. Grand Martin	Where was disease contracted, If not at place of death?  Former or usual residence Harford Co. M. R. Poute # Le
(Address) Harford Co. M. d. Route # de	Delair, and Date of Burial Days 1915
Filed Jan 10 , 1915 Henry A. 2003 REGISTRAR	20 UNDERTAKER  J. E. Drough & Co. 1422 Penna ly
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Contributory." childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD -Every item of Information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. N. B.-

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

County Baltimore 0	Registration Dist. No. 4/
Village or City Bay View Asylum.  (No. No. No. No. No. No. No. No. No. No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  COLOR OR RACE  SINGLE,  MARRIED,  WIDOWED,  WIDOWED,  WIDOWED  (Write the word)  DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day (Year)  17  (HEREBY CERTIFY, That I attended deceased from 25  1914. to January 2, 1914.
(Month) (Day (Year)	and that death occurred on the state stated above, at. 6.550 m.
3 yrs mos ds OR min.?  Soccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Men John	Contributory July and entrutys + Carynattis  (Duration) Unique of the contributory Secondary  (Duration) Unique of the contributory of the contrib
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)  14 MAIDEN  15 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS  (Informant)  (Address)  Bais  Filed Jan 2 , 191 5  REGISTRAR	where was disease contracted, if not at piace of death?  Former or usual residence 919 What St.  19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL OR ST. 191 5  20 UNDERTAKER  Naw Look 502 E. North

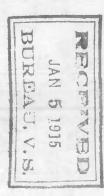
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumoula"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tclanus) injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vromia," "Puerperal peritonitis," etc. State cause for childbirth or misearrlage as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interslilial nephrilis, oma, Sarcoma, etc., of..... (uame origin; "Can by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of Never report Of



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Village or City Allundin (No. Marguette E. M.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 32  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE MARRIED, Married Write-the word)  6 DATE OF BIRTH  7	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  AGE (If LESS than	that I last saw h
yrs. / mos, / ds. or min. ?  B OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	The CAUSE OF DEATH & was as follows:  at Cark Height & Belonder On  ore former of 1911-  from Heart facture  (Ouration) yrs. mos. ds.
which employed (or employer)  BIRTHPLACE (State or country)  Manyland	(Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER WW Jof Nieller.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Mary Curl	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place in the of death yrs
(Informant) TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
Filed am. 22, 1915 Jrm. G. Queen REGISTRAR	20 UNDERTAKER Cool SOY & North
If more blanks are needed, address State Registrar	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Noreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (e)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinospinal synonyments.

such, if impossible to determine definitely. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichuemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mally-nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 4 1915
BUREAU, V.S.

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D . PHYSICIANS shoul RECORD PERMANENT classified. THISproperly INK supplied. UNFADING may WITH terms, instructions plal Ξ DEATH WRITE ō Item OF mportant. CAUSE

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la a hospital or lostitution, give its NAME lostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. 1916 widowed or ordiverse word (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE , 191 2. (Address) 5 20 La ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLETT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs. \_\_\_ mos. \_ Where was disease contracted. THE ABOVE AS TRUE TO THE If not at place of death?. usual residence 19 PLACE OF BURIAR OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1915
BUREAU, V.S.

#### PERMANENT UNFADING

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIROWED. ORDIVERCED (Write the word) (Month) I KEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. be (b) General nature of Industry. business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER/ 20 0 11 BIRTHPLACE terms, PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, = 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH was disease contracted. 14 THE ABOVE IS 50 (Informant) L.O Important. CAUSE 15 20 UNDERTAKER m

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

DATE OF BURIAL

Ilf death occurred in

a hospital or institution.

give its NAME Instead of street end nomber.]

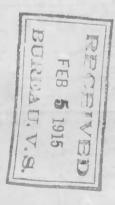
(Day

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee ou Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



	CORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	NT RE	LY. PH
MARGIN HESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	e stated EXACTI ed. Exact stater
FOR	-THIS IS	GE should b
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T C C F C	UNFADING	-Every Item of Information should be carefully supplied. ACCAUSE OF DEATH in plain terms, so that it may be progimportant. See Instructions on back of certificate.
Z	WITH .	ould be terms, so n back of
Ø E	LAINLY	In plain ructions o
	WRITE F	or DEATH
V. S. No. 1.		CAUSE
V. 50		ei z

Co	1 PLACE OF DEATH 316 unty Baltimin (No.) lage or City Mashington (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
Vill	2FULL NAME (No	St.; Ward)  [if death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	lew White Single,  MARRIED,  WIDOWED,  ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 D	ATE OF BIRTH 8 19/5	17 I HEREBY CERTIFY, That I attended decessed from  Jan - S 1915, to 1915,  that I last saw h alive on 191
7 AC	(Month) (Day (Year)  GE   If LESS than 1 day, hrs. or min.?	and that desth occurred on the date stated above, at \$.304 m.  The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	CCUPATION ) Trade, profession, or rticular kind of work.  General nature of industry, iness, or establishment in ch emplayed (or emplayer)  RTHPLACE (State or country)  MAC	Course (Biration) Pyrs: Mos. 18.  Contributory (Biration) Pyrs: Mos. 18.  Contributory (Biration) Pyrs: Mos. 18.
ARENTS	10 NAME OF FATHER FILLEN AND PRICES  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
14 <sub>T</sub>	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs. mos. ds. State yrs, mas. ds  Where was disease contracted, if not at place of death?  Former or usnai residence.
15 File	(Address) Mo Mashington  ed/au. 19, 1915 Huvy a Raylor  Fixestran  If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL  Thrown down closed

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes affection uced not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERFEBAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; of



	should state
RECORD	PHYSICIANS of OCCUPATI
PERMANENT	stated EXACTLY. Exact statement
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
UNFADING IN	that it may be in certificate.
NLY, WITH	on should be called the called terms, so one one back of
WRITE PLAI	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that It ma Important. See instructions on back of certificate.
ا ، رائم	N.B.—Every Ite CAUSE ( Important

15

Filed

Village or Citylear Baring (No. 1)  2FULL NAME GITTRUCKE M	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 12 [It death occurred to a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female while (Write the word)	16 DATE OF DEATH  2 5 , 1915  (Month) (Day (Year)  17 I hereby Certify, That I attended deceased from
7 AGE    Month   (Day (Year)   1 LESS than 1 day, hrs. or min.?	that I last saw her alive on 105, 1915, and that death occurred on the date stated above, at 20 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Julianian V Laryngust  Julianian (Duration) / yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Batto Co My  10 NAME OF FATHER John walter  11 BIRTHPLACE OF FATHER (State or country) Batto Co My  12 Maiden Name De Mary Sulivan  13 BIRTHPLACE OF MOTHER (State or country) Batto Co My  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Doration)
(Interment) Godelin Milner  (Address) Boring Botto a Mil	former or usual residence.  10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrate E. Franklin St., Balto., Requesting V. S. No. 1.

ma

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viogenital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion,"



RECORD

PERMANENT

4 IS

WITH UNFADING INK-THIS

PLAINLY.

WRITE

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH 318	STATE OF MARYLAND
Rose 1 15	CERTIFICATE OF DEATH
County Summer	A Registration Dist, No.
Village or City Thighlan dtown (No. 757/0	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead
FULL NAME Sufaut of John	Theresa Mityg of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewesle White Single, MARRIED, WIDOWED, ORDIVORGED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	Jan. 75, 191V, to Jan. 75, 191V.
(Month) (Day Year)	that I last saw her alive on Jan, With, 1911
TAGE 6/2 mos. Pregnancy if LESS than 1 dayhrs.  or. mos. ds. Or. min.?	and that death occurred on the date stated above, at 3:30 Pm.  The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work	Otill form
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Bacto, Country	Contributory Secondary
10 NAME OF John Mityg	(Signed) (Si
11 BIRTHPLAGE OF FATHER (State or country) Austria - Hungary  12 MAIDEN NAME OF MOTHER HOSE SA Meyers	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
of Mother Meresa Meyers	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Austria - Hungary	Af place lo the of death yrs, mos, ds
(Informant) when Mitzg	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) 2578 St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Par. 26, 1915 W.E. M. Caualian Registra	20 UNDERTAKERQ Jules 403 8 Well
If more blanks are needed, address State Regist	trar. 6 E. Franklin St., Balto, Requesting V S No. 1

REGISTRY Souly to June 1905

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Nianager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1915 BURBAU, V.S. RECORD

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RESERVED	
MARGIN	

V. S. No. 1.

# N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

Villa

1 PLACE	OF	DEATH
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County Baltimore



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 47

ge	or	City	Bay View	Asylum.	( <b>l</b>	Yo.CI	HYY	OSPIT	AL,
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.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2FULL	NAME Charles Mogerman
-LOFF	NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, Marrie WHOWED, WOUNDED (Write the word)	(Month) (Day (Year)
-	ATE OF BIRTH	Jecember 18, 1914, to January 22nd 1915.  65 that I last saw h im allve on January 22nd, 1915
TAG		S than and that death occurred on the date stated above, at 5 . 30P m,
Joan (b) bus	CCUPATION ) Trade, profession, or rticular kind of work Nattress maker General nature of industry, iness, or establishment in ich employed (or employer)	Bronchie Jasis unknown  Buration yrs 905 ds.
9 81	RTHPLACE (State or country)  NUSSIA	Secondary Oxels of Thrombooks  (Addition) yrs mos 12 ds.
ENTS	John Mogerman  11 BIRTHPLACE OF FATHER (State or country) Russia	(Signed)
PARE	12 MAIDEN NAME OF MOTHER  Yetta Mogerman  13 BIRTHPLACE OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
	(State or country) R115513.  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Bay Villa	of death yrs. mos. ps. state yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence 25 N. Central Ave.
15 File	ed Jan 23, 1915 Mussam Bal REGISTA	2) rebrew bemeter dn 24, 1915

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Seuile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-peci-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of etc. State cause for



#### PERMANENT 4 UNFADING INK-THIS

RECORD

PHYSICIANS should state of OCCUPATION Is very See Instructions on back of certificate.

Exact statement

properly classifled.

EXACTLY.

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County....Ba

carefully supplied. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, se S. No. 1. N.B.

Important.

CE OF DEATH	320	STATE OF MARYLAND		
altimore	(91)	CERTIFICATE OF DEATH		
	4	Registration Dist. No. 41		
Bay View Asylum.	CITY HOSPITAL	fit death		

Vil		LL NAME		o	oal)	St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS				ARS	MEDICAL CERTIFICATE OF DEATH		
3 5	ex lel e	4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)				(Month)	Oth , 1915 (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)					January 9th, 1915, to January 10th 1915 that I last saw him alive on January 10th 1915 and that death occurred on the date stated above, at 12, 45P, The CAUSE OF DEATH* was as follows:		
7 A	7 AGE it LESS than 1 day,hrs. OR min.?						
(b) bus whi	General nature iness, or estat	ot Industry, blishment In remployer)	Laborer		Contributory Secondary	(Duration) Semility	yrs. mos 3 d
Maryland  10 NAME OF FATHER  Fred Moles  11 BIRTHPLACE					(Signed) LCM CIT HOSPITAL.		
PAREN	OFFATHER (State or country) South Carolina  12 Maiden Name OF MOTHER  Henretta Distance  13 BIRTHPLACE OF MOTHER (State or country) Maryland  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the DISEASE C. CAUSES, state (1) MEAT TAL, SUICIDAL, OF HOMIC	NS OF INJURY; and	(2) whether Acciden	
14				18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE)  At place in the of death yrs. mos. ds. State yrs. mos. d  Where was disease contracted.			
		Florence J		LEDGE	If not at place of death?  Former or usual residence		
16	(Address)	572 Oxf		•••••••••••••••••••••••••••••••••••••••	19 PRACE OF BURIAL OR	netery C	DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional fine is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write Nonc. been changed or given up on account of the disease who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIPAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Turrperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, ctc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Aiways qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; "Exhaustlon,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH



#### STATE OF MARYLAND ERTIFICATE OF DEATH

Cour	Baltimore (20	CERTIFICATE OF DEATH
Coun	Mary and the state of the state	Registration Dist. No. 30
Villag	FULL NAME Raymund augu	stime Oncelloy [If death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	MARRIED	(Month) (Ity (Year)
	Cugust 28 ,1885	17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1915, that I last saw have alive on fluid 1915
7 AGE		and that death occurred on the date stated above, at 3,15Pm.  The CAUSE OF DEATH* was as follows:
(a) Tra	UPATION ade, profession, or Clerk what kind of work where I nature of industry.	Julieula Juliuous
busines	s, or establishment in employed (or employer)	(Ouration) yrs. mos. 3 ds.
	HPLACE tate or country) Ballimore md	Contributory aryngal Fulerculosis Secondary  (Ouration) yrs 2 mos ds
	NAME OF James In. molloy	(Signed) Martheile, M. D.
ARENTS	OF FATHER (State or Guntry) Baltimore Ind	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	MAIDEN NAME Mary / Sheehan	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	BIRTHPLACE OF MOTHER (State or country) Baltimore Mu	At place In the of death yrs mos ds. State yrs mos ds
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
Cum	(Address) Ten Mills Butto 60, mo	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
15 Filed_	San 9 1915 marshall B Wrot.	Cathedral Climity Jun. 11 , 1914
(	REGISTRAR	Colory W. Means Won 80,5 21, Calvart St.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illmine, etc. material worked on may form part of the second the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary Accman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerreral perilonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease ean be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant ueoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably eause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Schile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defluite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) may be stated under the head of (Recommendations on statement of



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RECORD

PERMANENT

PLACE OF DEATH STATE OF MARYLAND Balto CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, MA WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I DATE OF BIRTH 160 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: ----min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. \_ Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registry, & E. Franklin St., Calto., Requesting V. S. No. 1.

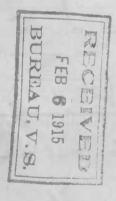
REGISTAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servanl, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronia cer" is less defiuite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstilial nephritis, LENT DEATHS State MEANS OF INJURY and qualify as accinental, suicidal, or homicidal, or as probably mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal seplichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio "Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

. ACE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p important. See instructions on back of certificate. CAUSE OF

1 PLACE OF DEATH

County Baltimore

V

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

illage or City Bay View Asylum.	(No.CITY !	10SPITAL
---------------------------------	------------	----------

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2FIIII N	AME	Timothy	Morrison	n

	PERSO	ONAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
3 s s	4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)			January 30th , 1915 (Month) (Day (Year)	
6 D/	ATE OF BIRT	(Month)	(Day	, 1844 (Year)	January 29th 191 5 to January 30th, 1915.  that I last saw h 1m alive on January 30th , 1915
7 A	G E	71 yrs.		If LESS than	and that desth occurred on the date stated above, at 2.30 Pm, The CAUSE OF DEATH* was as follows:
(8)	CCUPATION Trade, profession rticular kind of w	n, or vork Labore	er	<b>200</b> 0000000000000000000000000000000000	Chronic myocarditis
(b) General nature of industry, business, or establishment in which employed (or employer)			************	<b>244 4620 2</b> 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Unknown (Ouration)mosds.
9 BIRTHPLACE (State or country)  Treland			nd		Contributory Emphysema Secondary Unknown
	10 NAME O FATHER	F Patrick	Morrison	1	(Signed) Unafion) yrs mos ds.  (Signed) CITY HOSPITAL.
ARENTS		or country) Ir	eland		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accident
PAR	12 MAIDEN OF MO	Bride	zet Longs	3	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of MOTHER (State or country) Ireland			At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted.	
(Informant) THE BEST OF MY KNOWLEDGE			Recol	LEDGE	If not at place of death?  Former or usual residence 1116 William St.
15	(Address).	1 2	ay Va	llw	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL HOLD Sentery Let 2nd: 1915
Fil	et Jany	3.d. 1915 //	roam &	REGISTRAR	20 UNDERTAKER  Nm. 6 00 k  502 E. north as

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichae valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection used uot be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds., "Exhaustion,"



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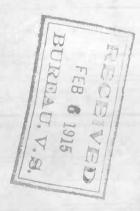
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH caltr Registration Dist. No Ilt death occurred in Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED! (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a t day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BiRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE .... 1915. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, ctc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-The contributory (secondary por intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



#### V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS AGE supplied. DEATH in plain terms, so that it mi See instructions on back of certificate. carefully N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s important.

PLAINLY, WITH WRITE

County Baltimore S	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vittage or City Defilauttown (No. 320) 2FULL NAME No Name	St.; Ward)  St.; Ward)  Murry  [If death occurred a hospital or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeus Coloror Race 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 24, 1915, to 1910, 24, 1915
(Month) (Day (Year)  TAGE  Stillesse yrs mos. ds. OR min.?	that I last saw here alive on Stiff form, 191 and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Cause wor given  (Duration) yrs mos
10 NAME OF FATHER JAMES MULTY  11 BIRTHPLACE OF FATHER (State or country) NOT KUSWW  12 MAIDEN NAME OF MOTHER	(Signed) Jan J. (Address) 2 4 State the Disease Causing Death, or, in deaths from Viole
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide tall, Suicidal, or Homicidal.  18 Length of Residents) At place in the of death
(Informant) (Address)	Former or USUAL residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of 11been changed or given up on account of the pisease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcincisis of lungs, meninges, peritonaeum,

The Contributory." (Recommendations on statement of tute of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Tuerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatle), "Atrophy," affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronio dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

	PLACE OF DEATH	STATE OF MARYLAND
	Battimane 4L	CERTIFICATE OF DEATH
C	ounty Journal Of Or	Registration Dist. No. 1/21.
٧	illage or City Hashing Sour Tho.	Manual Company (It death occurred in a hospitat or institution, give its NAME instead of street and number.]
	FULL NAME MANY Journa	MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	
35	4 COLOR OR RACE  SINGLE  MARRIED, WIDOWED, OUTPORTOE  (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	Dec 1 st 1914 to Jan 3rd 1916.
3	Sold (Month) 8 (Day) (Year)	that I last saw her allyon June let 1915
7 A		and that death occurred on the date stated above, at 3 A m.
	3 1 day,hrs.	The GAUSE OF DEATH* was as follows:
_	mos. Qds.   OR. min.?	Caremona afliteries
(a	OCCUPATION Trade, protession, er Ticular kind et work	
(b)	General nature of industry,	. 7
	ness, or establishment in ch employer)	(Ouration) yrs
	RTHPLACE (atte or country)	Contributory Could Candial Dulatate (Secondary)
	10 NAME OF	(Duration) yrs mos ds.
	FATHER Samuel Reasures	(Signed) Level 3 Muerian, M. D.
ITS	11 BIRTHPLACE OF FATHER (State or country)	191 O (Address)
ARENT	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Catherine Sules	16 LENGTH OF RESIDENCE (FOR HOSPITALS) INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS)  At place to the ot death yrs, mos ds. State yrs, mos ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Masey L Myers.	Former or usuat residence.
	(Address) Mandlin Co	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fit	ndan 3, 1915 F. Huhl. REGISTRAR	Louden Josk Address Address Allean Cook 502 Selosk
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for malig ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory Always qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can "Exhaustion, Never report Examples: For vio-68.:



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state Yery PHYSICIANS should of OCCUPATION IS RECORD PERMANENT properly INK supplied. UNFADING may terms, Should plain = DEATH WRITE 0 OF Item Every It

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Baltimore Registration Dist. No..... HOSPITAL Village or City Bay View Asylum Ilf death occurred in ....Ward) a hospital or institution. give Its NAME Instead of street and number.] Thomas Nelson PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX Single 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) Black I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191 5 to January 17th 1.836 that I last saw h im alive on January 17th 1915 (Month) (Dav (Year) TAGE if LESS than and that death occurred on the date stated above, at 4.30 Pm. 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or Laborer Oparticular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary South Carolina 10 NAME OF FATHER jo Thomas Nelson back 18th, 5 PARENTS 11 BIRTHPLACE OF FATHER (State or country) South Carolina \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidenuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. See instructions OF MOTHER Martha Creavy 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_ mos. 12 ds. South Caroli Where was disease confracted. OF MY KNOWLEDGE if not at place of death? Important. 15 ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Mealth Association.]

eated thus: duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, Rte., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela. "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senlle," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection uced not be stated unless important. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustlon," Never report



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2 2	1 PLACE OF DEATH 328	STATE OF MARYLAND
Vei	County Baltimore (45)	CERTIFICATE OF DEATH,
pin /	County Jalumere T	. 43
IANS shou	VIIIage or City Farkville (No. Old, 5	Registration Dist. No.  [If death occurred in a hospital or lostitution, give its MAME lastand
PHYSICI of OCC	FULL NAME Julius Augus	st charles Seuvaner.
ent c	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL:	Male Lower Source Source Married, Married Wilson Woods, Wilson Wood (Write the Word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
e stated ed. Exac	B DATE OF BIRTH Wec 28.2 , 1849.	that I last saw has alive on fam 10. 1915.
ld b	7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at 11.30 H m,
cla	65 yrs mos 14 ds OR min.?	The CAUSE OF DEATH* was as follows:
AGE :	8 OCCUPATION (a) Trade, profession, or particular kind of work	Dancer of Bladdon
belled.	(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos. ds.
fully sug it it ma tificate.	9 BIRTHPLACE (State or country.)  Glermany	Contributory Cancer of Bladder Secondary
e carefu so that of certif	10 NAME OF Reinholt Newbauer.	(Signed) 11 02710 B STEEL , M. D.
erms,	S 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
ain te	OF FATHER (State or country) Sermany  12 Maiden Name of Mother Of I	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
nformation ITH in piair Instructions	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) At place
TH	(State or country)	of death yrs mos ds. State yrs mos ds
of in DEAT	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW EDGE	Where was disease contracted, if not at place of death?
EL	(Informant) Kulhelmuna Ventraner	Former or usual residence.
Every Ite CAUSE C Important	(Address Karkerlle Old Harford Tone	PLACE OF BURIAL OR REMDVAL DATE OF BURIAL
CAU	16 ( 12 15 ) h T Bl +	30 UNDERTAKER CONNECTED SM. 14 , 1915
	Filed Land out REGISTRAR	hammer & Teufel Softy Hith
2	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S., No.
		tuy enter.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," ctc. State cause for mere symptoms or terminal conditions, such as "Asdent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicidc. The nature of the "Heart failurc," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



state PHYSICIANS should of OCCUPATION IS RECORD Every Item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT -Every item of information should be CAUSE OF DEATH in plain terms, so

#### STATE OF MARYLAND CERTIFICATE OF DEATH

329 1 PLACE OF DEATH County Baltimore Registration Dist. No... CITY HOSPITAL Bay View Asylum. Village or City.

	PM d and an annual b
St.;Ward)	[If death occurred in a hospital or institution,
	give its NAME instead of street and number.

John Neuman 2FULL NAME....

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTISIONE OF DEATH
		MEDICAL CERTIFICATE OF DEATH
3 SE	fale Black Single, MARRIED Who will be word)	(Month) (Day (Year)
-	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
- 04	(Month) (Day (Yea	
7 A C	If LESS   1 day,   1 day,   OR	The CAUSE OF DEATH & was as follows:
Spar (a)	CCUPATION  Trade, profession, or ricular kind of work	Tulmonary Tubesculosis
whic	iness, or establishment in ch employed (or employer)	(Duration) yrs
9 BI	RTHPLACE (State or country)  Noryland	Secondary (0
S	10 NAME OF FATHER Unobtianable	(Signed) USING M. D.
ARENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; nnd (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSCESSES
13 BIRTHPLACE OF MOTHER (State or country)		At place In the of death yrs. mos. 12 ds. State yrs, mos. ds  Where was disease contracted,
(Informant) TO THE BEST OF MY KNOWLEDGE		If not at place of death?   Former or   Unknown   Unknown
16	(Address) 13ay View	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	ed Jan 71 , 1915 Mussam Ball REGISTRA	20 UNDERTAKER  ADDRESS  6/7 Some 10
	If more blanks are needed, address State 1	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

N.B.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

childbirth or miscarriage as "Puerperal septichac-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallurc," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for



PERMANENT

4

Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.

state Very

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.

Village or City Thursday (No. 27 ULL NAME Catherine 21 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY GERTIFY, That I attended deceased from  12  13  14  19  19  19  1915.
Jack, 19th, 1915	0 ,000
(Month) (Day (Year)  7 AGE  It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4, 45 G m,  The CAUSE OF DEATH* was as follows:  Brunchs Russures  Death
(b) General nature of industry, business, or establishment in	(Duration) yrs mos 5 ds.
which employed (or amployer)  BIRTHPLACE (State or country)  Balting	Gontributory Cy Curistics Secondary (Duration) yrs mos. ds.
10 NAME OF Chinyle 1/4. Mizer	(Signed) I be Gedwell M.D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Balling	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Lea / Miger	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Spring Point R. 7.8	Trivity Cen DATE OF BURIAL  20 UNDERTAKES  20 UNDERTAKES  ADDRESS 20/
REGISTRAR	Thelip Sterung Ocleans

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

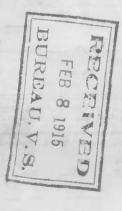


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons mine, ctc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasence of "Croup";) Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Can LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles valvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Seuile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustion," "PUERPERAL septichae-For vio-



OCCUPATION RECORD PERMANENT classified. properly supplied. pe may that it ma 0 0 terms. plain EATH in plain P B Item Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRISD, WIDOWED Jung (Month) (Year) (Write the work I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw han alive on tan 7 , 191 (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above at \_\_\_\_// P m. 1 day,....hrs. The CAUSE OF DEATH\* was as follows: 8 OCCUPATION (a) Trade, protession, ar particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ..., 191..... (Address)..... OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the: OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ..... yrs, ..... mos. Where was disease contracted. KNOWLEDGE If not at place of death?..... Former or usual residence. DATE OF BURIAL 16 ADDRESS

If more blanks are needed, address State Registrar/C E. Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritongeum, etc., Carcin-

naut neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state LEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1915 BURREAU, V.S.

should ION is OCCUPATION PHYSICIANS RECORD RMANENT 8 pinous plain DEATH Item E OF Every Item CAUSE OF B. ż

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. [If death occurred in St: Ward) a hospital or lostitution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than and that death occurred on the date stated above, at 12 7 AGE 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE X. 191.5.. (Address) ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ ds. (State or country) State ..... yrs. \_\_\_\_ mos. Where was disease contracted. if not at place of death?. Former or usual residence. DAKE OF BURIAL 15 RECISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coa. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Heasles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can Examples:



V. S. No. 1.

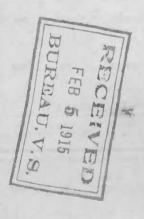
Registration Dist. No
(Month) (Day (Year)
(Month) (Day (Year)
I DEKEBY CERTIFY, That I attended deceased from
au, 21, 1915, to Jan 22, 1916.  Isst saw has alive on Saw 21 1915.
AUSE OF DEATH* was as follows:  AUSTONIAL AUSTAN
(Duration) / Syrs mos ds.
(Duration) yrs mos ds  Duration yrs mos ds  M. D.  M. D.  State the Disease Causing Death, or, in deaths from Violent ses, state (1) Means of Injury; and (2) whether Accidensulations or Homicidal.
NGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, etcent Residents)  the line line line line line line line lin
ACE OF BURIAL OR REMOVAL  OSALL CEMENT JAK 24, 1915  IDERTAKER  ADDRESS  Franklin St., Balto., Requesting V. S. Dogan N. 2

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, Is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerferal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uruemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or nomicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL schtichae-Never report



UNFADING INK-THIS IS

Every Item of information should be carefully supplied. GAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

N. B.—Every liem of information should be CAUSE OF DEATH in plain terms, s

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

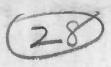
RECORD

PERMANENT

4

#### 1 PLACE OF DEATH

Bal timore



#### STATE OF MARYLAND CERTIFICATE OF DEATH

City	Ballo (No.		PA
OIL	NO.	· · · · · · · · · · · · · · · · · · ·	

334

[It death occurred in

Vill	2FULL NAME SAULUS (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	COLOR OR RACE SINGLE, MARRIED, WIDOWED, OROIVORCED (Write the word)	16 DATE OF DEATH  Nonth (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
8 D/	(Month) (Day (Year)	that I last saw han alive on 1915.
	36 yrs. mos ds. or min.?	and that death occurred on the date stated above, at
(a) par	CCUPATION  Trade, profession, or  Ticular kind of work	Technia pulmanalis
busi	General nature of Industry, iness, or establishment in ch amployed (or employer)	(Duration) U when when ds.
9 Bi	RTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER When Casely	(Signed) T. F. Collinary M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
PAR	of Mother Plache Wilson	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. Sds. State yrs. mos. ds
	Informant)  (Address).  (Address).	Where was disease contracted, If not at place of death?  Former or usual residence  13 PLAGE OF BURIAL PATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bayes, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine; etc. Women at home, who are engaged in the should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Duy laborer, Farm luborer, Laborer-Coul statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Taberculests of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as genital," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease cansing death), 29 ds.; "Exhaustion," For VIO-



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	
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No. n state

P S

1 PLACE OF DEATH County Baltimore Bay View Asylum. Village or City 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Mal e White 6 DATE OF BIRTH (Month) TAGE -----ds, BOCCUPATION (a) Trade, profession, or Fireman particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) .... 9 BIRTHPLACE (State or country) Norway 10 NAME OF

FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

THE ABOVE IS

(Interment)

ARENT

15

HOSPITAL (No.....

Married

(Year)

If LESS than

1 day .....hrs.

OR ..... min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

St .: Ward)

Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number. 1

Louis Olsen

Louis Olsen

Norway

Norway

Maggie Larsen

335

5 SINGLE,

MARRIED.

WIDOWED. (Write the word)

(Day

	MEDICAL C	ERTIFICATE	OF DEATH	
16 DATE OF	PEATH	Jani	ary 13th	., 1915
		(Mouth)	(Day	(Year)
17			at I attended dec	
January	10th191	Q to Ji	anuary 13	, 1915.,
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and that deat	occurred on	the date sta	ted above, at 8	P m
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Secondary				
		(Deration)	yrsn	ne de
(Signed)	Ш	Chu C	× (10)	, M. D.
Jan. 14	th915 (Ad	dress) CIT)	HOSPIT	11
*State the Causes, sta Tal, Suicida	DISEASE CAU te (1) MEANS L, or HOMICI	ISING DEATH, OF INJURY;	or, in deaths fro and (2) whether	m VIOLENT
18 LENGTH O	FRESIDENCE	(FOR HOSPITA	LE, INSTITUTIONS,	TRANSIENTS
At place	RESIDENTS)	In the		
	rs mos		e yrs, 1	nne de
Where was disea		107		
	death?	un	known	
Former or		17.02.00		
usual residence		Unknov	Y. X.A	
PLACE OF	SURIAL ON	REMOVAL	DATE OF BU	JRIAL, 191, 5
20 UNDERTA	KER		ADDRESS	131
1	7-7		AUURESS	

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. eated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

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Very CERTIFICATE OF DEATH Registered No lif death occurred in PHYSICIANS RECORD give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MANENT 16 DATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE MARRIED. WIDOWEO, (Month) (Day) Write the word) ZOZ CERTIFY, That I attended deceased from PER 6 DATE OF BIRTH (Day) (Month) (Tear) TAGE If LESS than and that death occurred on the date stated above, at 4,3 0 a.m. D 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properly BOCCUPATION AGI (a) Trade, profession, or XX particular kind of work. (b) General nature of industry, supplied. pe business, or establishment lo O (Duration) may which employed (or employer) ...... UNFADIN Contributory.... certificate. 9 BIRTHPLACE (Secondary) (State or country) that (Duration) 10 NAME OF FATHER 80 0 Z O U A ARENTS 11 BIRTHPLACE back OF FATHER (State or country) should termi \*State the DISMASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE 2 At place OF MOTHER (State or country) of death ..... yrs. .. DEATH Where was disease contracted Every Item usual residence. Important. DATE OF BURIAL 16 ADDRESS if more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative healthful who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are eugaged in the Never return "Laborer," As examples: "Foreman," (g)

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childbirth or miscarriage, as "Purperar scottchacture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencia "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails: The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion." (Recommendations on statement of (name origin: "Can Examples: For vio



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RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Loch Raver (No. 2)  2 FULL NAME John S. Parks	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.  [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male State of BIRTH  3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, MALVILLE  6 DATE OF BIRTH  15 JACK  16	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That I attended decessed from 30 1, 1915.
(Month) (Day (Year)  7 AGE  1 It LESS than t day, hrs. or	that I last saw h Marallye on Han, 30 h, 1915  and that death occurred on the date stated above, at 325 P, m.  The CAUSE OF DEATH* was as follows:  Cerebral Hemorrhage
(b) General nature of industry, business, or establishment in which employed (or employer)  PRITHPLACE (State or country)  10 NAME OF FATHER  PALACE (State or country)	Contributory Atlens Olleroses Secondary  (Duration) yrs mos ds.  (Signed) Daniel of Rh. Thor. Senifer, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Murul and	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds
(Informant) Local Rusen Md.  (Address) Local Rusen Md.	Where was disease contracted, It not at place of death?  Former or Usual residence  19 PLACE OF BURIAL OF BURIAL  Satura Coungling  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train—aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is icss definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



#### -THIS UNFADING INK-WRITE PLAINLY, WITH

S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. stated properly classified. pinous ACE supplied. DEATH in piain terms, so that it m See instructions on back of certificate. pinous Every item of information GAUSE OF DEATH in pial important. See instructions 10 ż

13 BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE

(Intermant)

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	PLACE OF DEAT unty Bal timere lage or City	Asylum (N	O,,	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 4]
	PERSONAL AND STA	TISTICAL PARTICUI	LARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale Black	RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the w	ingle	16 DATE OF DEATH  January 23rd , 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 A C	7.4yrs	onth) (Day ·mos	(Year)  It LESS than 1 day,hrs. 5. ORmin.?	January 11 th 1915, to January 23rd 1915 that I last saw h. im. alive on January 23rd . 1915 and that death occurred on the date stated above, at . 5.55 Fin The CAUSE OF DEATH* was as follows:
(a) par (b) busi which	General nature of industry, ness, or establishment in the amployed (or amployer)  RTHPLACE (State or country)		•	Bronchspreumones  (Duration) yrs mos 2 ds.  Contributory Secondary
ARENTS	10 NAME OF FATHER Unkr  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	th Carelin	a	Secondary  (Duration)  (Duration)  (Signed)  (
OF MOTHER				18 ENCTH OF RESIDENCE (See Many

.	OR RECENT RESIDENTS)	POPILALS, INS	ITTOTIONS	IRANSIEN	Ŧ
4	At place	In the			
1	ot death yrs mos. 1.2 ds.	State	yrs.	mos.	ı
	Where was diseases contracted			110011	Ī

If not at placa of death? Former or IInknown

OSUAL LESIBELICE				
19 PLACE OF	BURIAL	OR	REMOVAL	

Johns &	Jorkins
29 UNDERTAKER	1

DATE OF BURIAL

ADDRESS

REGISTRAR

BEST OF MY KNOWLEDGE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the tication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and cousequeuces (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) totanus) may be stated under the head of (Recommendations on statement of "Exhaustion," For vio-



V. S. No. 1.

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Z	8 324	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	Every Item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exalimportant. See instructions on back of certificate.	-
FAD	illy s lit r ficat	
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	Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exaimportant. See instructions on back of certificate.	

PLACE OF DEATH	339	( 0)
Baltimore		2-8
		OITV

### STATE OF MARYLAND CERTIFICATE OF DEATH

Col	unty	a. C. Linux E.				Registration Dist	No. 41
Vill					HOSPITAL		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	-	SONAL AND STATISTI			11	CAL CERTIFICATE OF	
3 st	al e	4color or race	5 SINGLE, MARRIEO, M. WIOOWED, ORDIVORCED (Write the wo		16 DATE OF DEATH	(Month)	27th , 1915 (Day (Year)
	ATE OF BIR	TH (Month)	(Day	, 1.889 (Year)	January 21s	ation 5, to Janua A alive on Janua	ary 27th, 191 5 ry 27th, 195
7 A		26 yrs	mosds.	If LESS fhan  1 day,hrs.  ORmin. ?	and that death occurr		above, at 10 A. m
(a) pai (b) bus whi	General naturaliness, or esta	on, or work	***************************************		Contributory Secondary	(Duration)	herculesio unknowns yrs mos ds
S	10 NAME (FATHE	Ike Pa	yne		(Signed)	ll Churc	Me-, M. D.
PARENT	12 MAIDEL OF MO	or country) North N NAME OTHER Flora	Carolin Gross	e.	CAUSES. State (1) TAL, SUICIDAL, OF H  18 LENGTH OF RESIDENT RESIDENT	SE CAUSING DEATH, OF, MEANS OF INJURY; and OMICIDAL.  DENCE (FOR HORPITALS, 1 TS)	in deaths from VIOLENT in (2) whether Acciden-
	(Informant) (Address)	or country) Nort	Caroli TOF MY KNOW Record U Dieu Uriam	LEDGE	19 PLACE OF BURJAN  MA - AWW  20 UNDERTAKER	oled. unku 04 Penna. Ay	PATE OF BURIAL

If more blanks are needed, address State Registrar, 6 . Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

st.

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Luborer-"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolie acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperat septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 ds.;



### V. S. No. 1.

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KECOKD	HYSICIANS	of OCCUPAT	
WRITE PLAINLY, WITH UNITABING INN-INIS IS A PERMANENT RECORD	N. BEvery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.
KIIE PLAI	of informati	DEATH IN	See Instruction
A	N. BEvery Item	CAUSE OF	Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .... [If death occurred in a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED, . 1913 WIDDWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from that I last saw h..... (Month) TAGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in BIRTHPLACE Contributory... Secondary (State or country) 10 NAME OF FATHER

OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OT

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_ yrs. \_\_\_ mos. \_\_\_

in the

OF BURIAL

usual residence	****
Printer Com	20
20 UNDERTAKER	11.000

OR RECENT RESIDENTS)

Where was disease contracted.

If not at place of death?-

DEATAKER JERWY Prleam

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

Former or

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons As examples: The (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaccte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from ."Senile," etc.), Mcasics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



BINDING



[Approved by L. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations, a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. by carbolic acid—probably suicide. Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably mia," "PUERPERAL pcritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-"Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from (secondary or intercurrent) "Dropsy," "Exhaustion," The nature of the Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEVED FEB 8 1915 BURLAU, V.S. state

	PERSO	NAL AND STATIS	TICAL PARTICULA	RS	MEDICAL
35	emele	4 COLOR OR RAG	S SINGLE, MARRIED, WIDOWED. ORDIVORCED (Write the wo	nja rd)	18 DATE OF DEATH
6 D	ATE OF BIRT	H (Mont)	h) (Day	, 1895°	that I last saw h.caai
7 A	GE ,	e e e	n) (Day	If LESS than 1 day, hrs.	and that death occurred of the CAUSE OF DEATH*
pa (b) bus	CCUPATION ) Trade, protession rticular kind of wi General nature of iness, or estable	n, or ork	mos, ds.	ORmin.?	8 ETC
(a) pa (b) bus whi	Trade, protession rticular kind ot w General nature o	n, or ork	Mos. ds.	ORmin.?	Contributory Julie Secondary
(a) pa (b) bus whi	Trade, protession rticular kind of wi General nature of iness, or establich employed (or RTHPLACE (State or cou	or ork	lander for	ORmin.?	Secondary  (Signed) J. J.
(a) pa (b) bus whi	Trade, protession rticular kind of w General nature of iness, or estable ch employed (or RTHPLACE (State or cou	n, or ork	lander Por	ORmin.?	(Signed) 4. 7
(a) pa (b) bus whi	Trade, protession rticular kind of w General nature of iness, or estable ch employed (or RTHPLACE (State or cou	it industry, ishment in employer)  intry)  Addr HER r country)	lander of the state of the stat	ORmin.?	(Signed)
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REGISTRAR

342

1 PLACE OF DEATH

County Baltimore

STATE OF MARYLAND

CERTIFICATE OF DEATH

on Dist. No.

.Ward)

It death occurred in a hospital or Institution, give Its NAME Instead

ot street and number.] ATE OF DEATH , That I attended deceased from

ATH, or, in deaths from VIOLENT URY; and (2) whether ACCIDEN-

SPITALS, INSTITUTIONS, TRANSIENTS,

In the

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be cutered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persous returи "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucissis of lungs, meninges, peritongeum, etc., Carcin-

"Contributory." iujury, as fracture of skull, and consequences (c. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," childbirth or mlscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inauitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maigtetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; "Puerperal septichac etc. State cause for



UNFADING INK-THIS IS

A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH

N. B.—Every Item CAUSE OF

Village of City Catousville (No. Smi	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30  [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or race Single, MARRIED, Widowed, ORDIVORGED (Write the word)  (Month) (Day (Year)	18 DATE OF DEATH Juny 8, 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1915, to Juny 8, 1915, that I last saw have alive on Juny 8, 1915
7 AGE  (Month) (Day (Year)  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 10,10 m, The CAUSE OF DEATH* was as follows:
particular kind of work  (b) Deneral nature of industry, business, or establishmenf in which employed (or employer)  **BIRTHPLACE** (State or country)	Contributory Secondary
10 NAME OF FATHER Award Tarter  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (STATE OF MOTHER OF MOTHER OF MOTHER (STATE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (STATE OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT	(Signed) — Wish More More More Many (Goration) — Wish More More Many (Goration) — Wish Many (Grand Causes, State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Odward  Total	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Smithwood Que	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

REGISTHAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Tuerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anacmia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



Important.

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V. S.

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	ounty Baltinore
Vil	lage or City ROSSVILLE (No.
	2 FULL NAME Christina
	PERSONAL AND STATISTICAL PARTICULARS
3 s	emale White Single, MARRIED, WIDOWED, ORDIVORCEO (Brite the word)
6 D	ATE OF BIRTH
	(Month) (Day
7 A	
80	CCUPATION OR.
pa	) Trade, profession, or rticular kind of work
bus	General nature of Industry, siness, or establishment in 2000 circle employed (or employer)
9 0	(State or country) Manyland
	10 NAME OF RICHARDES ROLLINGE
S	11 BIRTHPLACE OF FATHER (State or country)  10 NAME OF FATHER (State or country)  OFFICE OFFICE (State or country)
	11 BIRTHPLACE OF FATHER

1 PLACE OF DEATH

344

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

Ilt death occurred in a hospital or institution. give its NAME instead ot street and number.]

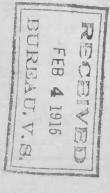
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE  Single,  MARRIED,  WIDOWED,  ORDIVORCEO  (Write the word)	16 DATE OF DEATH / 19 , 1916. (Month) (Day (Year)
/ /7 , 1915 (Month) (Day (Year)	that Hast saw here alive on Jan 18, 1915.
yrs. mos ds. or min.?	and that death occurred on the date stated above, at 10, 0, m, The CAUSE OF DEATH* was as follows:
ustry, 1	Rewalure Britte
Manufand	Contributory Secondary
hickords Ramseyer	(Signed) (Duration) yrs mos ds.
untry) Europe	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
many sunt	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted,
kulgs Ramseyer	It not at place of death?
1915 Ar. F. Clayton	Emanuel Demetery four 20 th, 1915  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (Recommendations on statement of (secondary or Intercurrent) "Dropsy," "Exhaustion," State cause for Never report



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN Š.

202

1 PLACE OF DEATH

County Balto. Co (28)	CERTIFICATE OF DEATH ~
Village or City albustue (No. 106) 2 FULL NAME LINA L.	Registered No. 35    St; Ward   [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female 4 COLOR OR RACE SINGLE, MARRIED, MUNICEL WIDOWED, ORDIVORCED (Write the word)  8 DATE OF BIRTH  1881	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  (Month)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  (Month)  (Year)
(Month) (Day) (Year)	that I last saw h M. alive on Jan Lh. 191
3 4 yrs. mos. ds. OR. min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Oreach failure  (Secondary)  (Ouration) Oyrs. mos. ds.  Contributory Oreach failure  (Secondary)  (Ouration) Oyrs. mos. ds.
FATHER Chas, Andurge  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) M.D. Queez M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
12 MAIDEN NAME OF MOTHER MUI LEME M  13 BIRTHPLACE MOTHER (State or country)  1, Ja	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs mos ds.
(Interment) Char B Cauck  (Address) 16 M. Juhne a	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF PERIAL OR REMOVAL DATE OF BURIAL
Filed Jau-53, 191 5 Stury Co Kaylor Figistran  If more blanks are needed, address State Registrar, 6	20 UNDERTAKER JACKS 9/6  AMURI Earlow Rema and

STATE OF MARYLAND

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; materiai worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, "Manager," "Deaier," etc., without more precise specicases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Senfie," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neopiasms) a Measles; Whooping cough; Chronio mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of \_\_ is less definite; avoid use of "Tumor" for maile-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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### certificate. 0

pinous PHYSICIANS shou RECORD statement PERMANENT Exact classified, pe -THIS properly pe UNFADING may that 80 LO pisin Instructions \_ EATH of 0 10 Important. ы

Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Pallen Registration Dist. No. It death occurred in a hospital or Institution, give its NAME instead ot street and number. ] FULL NAME..... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day ORDIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos, \_\_\_ ds Where was disease contracted. If not at place of death? .... Former or usual residence

20 UNDERTAKER

DATE OF BURIAL ADDRESS

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If more blanks are needed, address State Registrar, 6 E. Franklia St., Balto., Requesting V. S. No. 1.

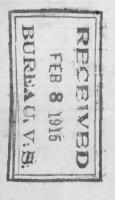
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations ou statement of For vio-



PHYSICIANS should state of OCCUPATION is very RECORD BINDING UNFADING PLAINLY ā OF Important Every

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STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registered No (If death occurred to a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX MARRIED, 191.0 WIDOWED, (Day) (Year) Write the word) 6 DATE OF BIRTH (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at f day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT ENT OF FATHER (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State ...... yrs, ..... mos. ...... yrs. ..... mos. ..... ds. (State or country) Where was disease contracted. If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," -Coal

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the cause of dcath approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1915
BURELU, V. A

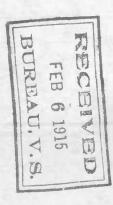
Gounty Ballo (7)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 4
2FULL NAME MARE	St.; Ward)  Remer  [If death occurred in a hospital or institution, give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Thile (Write the word)	Died 16 DATE OF DEATH JAW /2 ,1915 (Year)
6 DATE OF BIRTH Long 12 th	HEREBY CERTIFY, That I attended deceased from  1915, to Jan /2, 1915,  that I last saw h in alive on Land // 1915
	S than and that death occurred on the date stated above, at
(a) Trade, profession, or from Mureld  (b) General nature of industry,	ler Genearditie
business, or establishment in Moulder in Journal  BIRTHPLACE (State or country)	Contributory Mitral Jusuffiewly Secondary
10 NAME OF SOLD Penne	(Signed) Al. (Buration) X yrs X mos 5.ds.  (Signed) Al. (Address) 248 86 /hins.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(intermant) Hary & Jenn	It not at place of death?
(Address) 121 8 3 4 5	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Striderick Md Jan 15, 191.5
Filed 19, 19 PEGIST	
	2 10. 1. 10. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Hrysemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is iess definite; avoid use of "Tumor" for maligture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICEDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify ail diseases resulting from Meastes (disease eausing death), 29 ds.; "Scnile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

20 0 SICIANS shoul PHYSICIANS RECORD PERMANENT classified. properly supplied. may certifica that 80 0 back pinous Instructions = of Inform DEATH OF Every Item CAUSE OF Important.

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... (No. 25 S. East ave St; Ward) Ilt death occurred in a hospital or institution. give Its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH alive on ..... (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH\* was as follows: 8 OCCUPATION (a) Trade, profession, or hour. particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) monroe PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place In the of death State ..... yrs. .... (State or country) \_\_\_\_\_ yrs. \_\_\_\_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST If not at place of death? Former or usual rasidence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAG

### CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation—Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nemerica "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcusles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-Bronchopnenmonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," Never report For vio-



PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.

V. S. No. 1.

CAUSE OF Important. S

N.B.

1 PLACE OF DEAT	н 350		S	TATE OF MA	RYLAND	
Matterina	e la	TIP	CER	TIFICATE C	F DEATH	
Countyfilessimm		Links	ghill)	Registration Di	st. No. 43	}
Village or City	Elea (No.	Reyn	21	St.;Ward	[if death of a hospital or l give its NAM] of street and	Institution, E Instead
PERSONAL AND STA	TISTICAL PARTICULARS	5	MEDIC	AL CERTIFICATE	OF DEATH	
3 SEX 4 COLOR OR Mit	RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)		16 DATE OF DEATH	(Month)	30 (Day	(Year)
6 DATE OF BIRTH	17, 31	1846	1-28	, 191 <u>5</u> , to	1 - 30 -	., 191 <u>.</u> S.,
7 AGE	20 1	(Year)  If LESS than  day,hrs.	and that death occurre The CAUSE OF DEAT	ed on the date state		., 191 <u>5</u> 30 Pm.
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	restir unh in tu	en onet	Cardi	ae Cilas	letion mos.	3 ds.
which employed (or employer)  9 BIRTHPLACE (State or country)	marylan.	1	Contributory (M	obsbly) Pull (Duration)	E yrs mos	velore
10 NAME OF Thom	ese Gorsey		(Signed) Q. L.	Millains	011	, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	And.		*State the DISEAS CAUSES, state (1) M TAL, SUICIDAL, or HO	E CAUSING DEATH, OF ANDREWS OF INJURY;		VIOLENT ACCIDEN-
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	ny R. John	2	16 LENGTH OF RESID OR REGENT RESIDENT At place of death yrs	ENCE (FOR HOSPITAL s) in the mos ds. State	1	
(informant)	BEST OF MY KNOWLES	DGE	Where was disease contract if not at place of death? Former or usual residence	1	<i>*</i>	
(Address)	Whilley	w.	19 PLACE OF BURIAL ME WEET 30 UNDERTAKER	Cerneley	ADDRESS	, 191.5

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuless of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping eough; Chronie ".Contributory." valvular heart disease; Chronie interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio



No. 1.

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N. B.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 UNFADING INK-THIS IS AGE should carefully supplied. WRITE PLAINLY, WITH CAUSE OF DEATH in plain terms, s important.

that it may be p certificate. DEATH in plain terms, so that it massee instructions on back of certificate.

351 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	÷		LV	850	n
•	ъ.	9	H A	al v	.,

[If death occurred to a hospital or Institution, give its NAME Instead

FULL NAME Mr. Mesley & C	Pig by of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male White (Write the word) Single	16 DATE OF DEATH  (Month)  (Day  (Year)
B DATE OF BIRTH  Fel. 2/ 1864	17 I HEREBY CERTIFY, That I attended deceased from  Jan. 26, 1912, to Jan. 27, 1912,
(Month) (Day (Year)  7 AGE   It LESS than 1 day,hrs. 5	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory occition
10 NAME OF FATHER  Newry Right  11 BIRTHPLACE OF FATHER (State or country)  Maryland	(Signed) January (Address) June 1915 (Address) June 1915 (Address) June 1915 (Address) State the Disease Causing Death, or, in deaths from Vollent Causes, state (1) Means of Injury; and (2) whether Accidental Causes of Causes
12 MAIDEN NAME OF MOTHER MANDY Bornau  13 BIRTHPLACE OF MOTHER (State or country) Maryland	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Mrs. Christopher Lahre	Former or usual residence 2539 Inedesiche are
(Address) 2.2.3.9. Frederick are  15 Flied Dan 27, 1915 Denny A. Rouseran  Recistran  If more blanks are needed address State Revi	19 PLACE OF BURIAL OR REMOVAL  Oclor And.  20 UNDERTAKER  Foseph B. Look ADDRESS  1003 W. Balto Special of E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report For vio-



N. B.—Every Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN N. S. No. 1.

Gounty Baltinie 958	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in
Village or City (No. No. No. No. No. No. No. No. No. No.	St; Ward) a hospital or institution, give its NAME instead of street and number.}
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
formale lookoted (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
May 23 19/3 (Year)	that I last saw him alive on from 6 the 1915
TAGE  If LESS than t day,hrs.  occupation  (a) Trade, protession, or particular kind of work    Description   Description	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:  Characteristics  Characteristics
(State or country)  (b) General nature et industry, business, or establishment in which employed (or employer)  (State or country)  Balto-luly	(Ouration) yrs. mos. 6 ds.  Contributory (Secondary)
10 NAME OF Thomas Myrls  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Boltolo	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place Is the mos ds.
(Informani) Alich Roberson	Where was disease contracted, If not at place of death?  Former or Osual residence
(Address) owson  18 Filed Jan 7 17, 19 Claus Juny REGISTRAR	Pleasant Rest Cen, Jan. 8th, 1915.  20 UNDERTAKER  Colom Russer Local Constants
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma;" "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. etc! The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_ ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all discases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. (name origin; "Can-State cause for Examples:



V. S. No. 1.

# N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 353	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Culonings (No.	Registration Dist, No. 30 [It death occurred is a hospital or lostitution.
*FULL NAME Eleanor Ro	function give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married or Diverge (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	Dec 23 191 H to Jun 15" 191 6.
7 AGE (Month) (Day (Year)  7 AGE   If LESS than   1 day,hrs.   ORmin. ?	that I last saw h & allve on
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE**  (State or country)  **MU.**	Contributory Culture Contributory Culture Contributory Co
11 BIRTHPLACE OF FATHER (State of Country)  12 MAIDEN NAME MAY G Obland	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. 23 ds. State yrs. mos. es  Where was disease contracted, Paulogle 24, C,  If oot at place of death?
(Informant) 40 Sept 400 Completion S.  (Address) 15 Nashall Blood  BEGGETTAR	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL  LEW Cathedral Century 18 191 5  40 UNDERTAKER ADDRESS  ADDRESS
	trar, 6 E. Franchia St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal eated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus)
"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. ample: Measles (disease eausing death), 29 ds.; dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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### PHYSICIANS should state of OCCUPATION IS very statement Exact properly classified. pe pinode AGE supplied. may be UNFADING certificate. that 80 Ö pe back terms, pinoda 0 piain Instructions \_ EATH of 0 ftem 6 mportant. Every ft

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No .... Ilt death occurred in St:....Ward) (No..... a hospital or institution. give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WE (Day) (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Year) If LESS than and that death occurred on the date stated above, at ... t day hrs. OR ..... min. ? Convulsions to BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment lo which employed (or employer) ..... Contributory...(Secondary) BIRTHPLACE (State or country) S 11 1915 (Address) Norther Me 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) \_\_ yrs. ..... mos. .... ds. State ...... yrs, \_\_\_\_ mos. ... Where was disease contracted. if not at place of death?usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lound 15 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

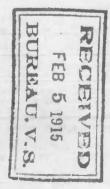
ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given np on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUBY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples: For VIO-



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH alternore Registration Dist. No.. Ilt death occurred in St.;....Ward) a hospital or Institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDDWED. ORDIVORCED (Write the word) Single (Month) (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... min. ? properly ш BOCCUPATION AG (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of Industry. business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE Contributory (State or country) Secondary al 10 NAME OF FATHER ō back ARENTS 11 BIRTHPLACE 1916. (Address) Il agree for OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 드 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. 3 DEATH \_ mos. \_\_/\_ ds. State ..... yrs, ..... mos. ... Where was disease contracted. THE BEST OF MY KNOWLEDGE If not at place of death? jo OF mportant, ш DATE OF BURIAL Every 15 ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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	should ON I
RECORD	PHYSICIANS of OCCUPATI
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is moortant. See instructions on back of certificate.
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No ... Ilt death occurred la St:....Ward) a hospital or institution. give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, 1 (Month) (Day) (Write the word CERTIFY. That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. The CAUSE OF, DEATH \* was as follows: OR ..... ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----

Contributory. State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. .... State Where was disease contracted. 14 THE ABOVE IS THUE TO THE BEST OF KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION PHYSICIANS RECORD PERMANENT OZIOZ Exact ā classified. properly AGE 9 ESERV may 30 ARGIN terms, plain Instructions = EATH See ō 0 OF mportant. Every ite

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or City a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCED HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ... 191.2.. (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER nknown 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_yrs. \_\_\_ mos. Where was disease contracted. If not at place of death? usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Kranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

N. B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

358 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.4

S	t.;Ward)	a ho

f death occurred in spital or institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)  7 AGE  November 12 184 (Year)	and that death occurred on the date stated above, at 11,45 Pm.
67 yrs 2 mos 2 ds. OR min.	
(a) Trade, profession, or particular kind of work  (b) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 12.ds.
State or country) Carroll Co. Med.	Contributory Secondary  (Duralion) yrs mos ds.
10 NAME OF FELLIN York	(Signed) J. H. Sherman, M. D.
11 BIRTHPLACE OF FATHER (State or country)  WILLIAM STATES	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Don' Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Don't Know	At place in the of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Clarence Alban	Former or usual residence
(Address) Hampslead Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A A	Beeklepsville Camelon Jan 17 , 1915-
Filed Jan. 17, 1915 Jospol & Lacdin	20 UNDERTAKER ADDRESS
REGISTRAR	LeRoy Sifflet Por RIM me
If more blanks are needed, address State R	egistrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Luborermaterial worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term ou the who have no occupation whatever, write Nonc. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is icss definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of ..... (name origin; "Caneause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," ehlldbirth or misearriage as "I'uerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 ds.; ete. State cause for



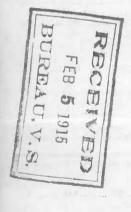
	PLACE OF DEATH 379	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty Hallings	5 GY
Vii	lage or City lole of Tork (No. 199);	Registered No.  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	TE OF BIRTH  (Month) (Day) (Year)	that I last saw h. A. alive on 1915.
7 AGI	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) T parti (b) (	CUPATION (rade, profession, or cular kind of work Lova class as the second seco	Chronic Neghritis little Repositation; Arterios Chrosis. (Several yland) Mydrothoray, arestii, anoscorca (bemoutt)
which	n employed (or employer)  THPLACE (te or country)  Maryo Co Ma	Contributory Lyreardial Manfferency (Secondary)
	10 NAME OF James Sayten	(Signed) Question) yrs mos ds.
FNA	OFFATHER (State or country) & Many Co May  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0	OF MOTHER Own Masen  13 BIRTHPLACE OF MOTHER (State or country) Manyo & Ma-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs,
	NE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
15 File	(Address) 199 Talls Read REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  AND 1910  20 UNDERTAKER  ADDRESS  UNDERTAKER
	if more hlanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing nears, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers been changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation.-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgleal operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puteretal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Accidental drowning; Struck by railway train—acci-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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PHYSICIANS should state of OCCUPATION IS very RECORD Exact statement PERMANENT EXACTLY. stated classified. 4 pe IS pinous THIS properly AGE UNFADING INKsupplied. may be carefully sup that it ma f certificate. 0 0 WITH DEATH in plain terms. See instructions on back should PLAINLY. Information DEATH WRITE CAUSE OF Important. S

### PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than f day,.....hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE

(Address).....

AW/6

15

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

. /	
St.;Ward)	[If death occurred in a hospital or institution give its NAME Instead
alder-	of street and number.]

38

MEDICAL	. CERTIFICATE	OF DEATH	
8 DATE OF DEATH	and the state of t	16 (Day	, 1919 (Year)
17 JHERES	Y GERTIFY Tha	t I attended o	eceased fro
Stell by	191 st. to	) A-4	, 191
hat I last saw ha	live on	*****************	, 191.
and that death occurred	on the date stat	ed above, at	r
The CAUSE OF DEATH	was as follows	:	
01	-', 1		
1111	00	110-	
>	The same of the sa	F-2000000000000000000000000000000000000	
	0-0-0	***************************************	***********
-0	(Duration)	yrs	_mos
Contributory Secondary	***************************************		
$\bigcap$	(Duration)	yrs	mos.
Signed)	ed de	mung	
Signed) Q	711		M.
an / 6 , 191 S.	(Address)	rade	ues
*State the DISEASE (CAUSES, state (1) MESTAL, SUICIDAL, OF HOME	CAUSING DEATH, ANS OF INJURY; ICIDAL.	or, in deaths and (2) whe	from VIOLEN
	CE (FOR HOSPITAL		

18 LENGTH OF RESIDENCE (FOR H	OSPITALS, INS	TITUTIONS	TRANSIEN	T
At place of death yrs mos ds.	In the State	Vrs.	mos	d
Where was disease contracted,		J	111 4 4 Autonopo	

Former or usual residence

PLACE	OF BURIA	L OR REM	OVAL
Hoz	re ;	fels	el,

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 L. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indicausing dearii, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The (a) Spinner, (b) Cotton milt; (a) Satesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first-liue will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerreral peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopmcumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Always qualify all diseases resulting from Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH

County Baltimore.



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

Village or City View Asylum (No.411NIC, IPAL TUBERCULOSIS HOS Wal	rd)
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[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Lewy Schrieuer

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	Month) (Day (Year)
(Month) (Day (Year)	that I last saw h
7 AGE  11 LESS than 1 day,hrs. 0	and that death occurred on the date stated above, at 7:50 Pm The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Thehiris pulmanadis.
business, or establishment in which employed (or employer)	(Ouration) yes 5 mos os
9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Inherculasis of Gedneys witestines Caryof (Buration) Vyrolandings
o Helpthelace	(Signed) & & Collection, M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER. (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place  of death yrs, mos, ds. State yrs, mos, ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	Where was disease contracted, It not at place of death?  Former or usual residence 31750. Bethel ST
(Address) Bay View	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Evenangelie kelber Jan 15, 1915
Filed Jan 12, 1915 Missiam Bair	H. Sandert Son 1701 & Ballo

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



Pinous PHYSICIANS should of OCCUPATION IS Registration Dist. No ....Ward) RECORD 2FULL NAME statement MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ENT EXACTLY. 5 SINGLE. 18 DATE OF DEATH 4 COLOR OF RAC MARRIED, AN BINDING WIDDWED, (Month) ORDIVORCED (Write the word) Exact classified. (onth) (Dav (Year) 7 AGE If LESS than should FOR and that death occurred on the date stated above, at. 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ?properly AGE BOCCUPATION (a) Trade, profession, or ESERVED INK particular kind of work supplied. be (b) General nature of industry. O business, or establishment in may (Duration) UNFADIN which employed (or employer) .... certificate. 9 BIRTHPLACE (State or country) Contributory that It a 10 NAME OF FATHER (Signed) 20 0 ARGIN back terms, ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 00 12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. COR RECENT RESIDENTS) Ē 13 BIRTHPLACE At blace in the OF MOTHER (State or country) See Instr of death \_\_\_\_ yrs. \_\_ mos. \_ ds. Where was disease contracted, 14 THE ABOVE IS TRUE if not at place of death? 0 CAUSE OF Important. S Former or usual residence 19 PLACE OF BURAL OR MEMOVAL 15 20 UNDESPAK

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting y

STATE OF MARYLAND CERTIFICATE OF DEATH

[If death occurred in a hospital or institution. give its NAME Instead of street and number. I (Day (Year) I HEREBY CERTIFY. That I attended deceased from State ..... yrs. \_ DATE OF BURIAL ADDRESS

S. No. 1.

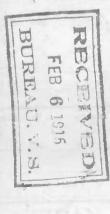
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmaterial worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits ean be known. The question (a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of........ (name origin; "Caneer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDES, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 8

county Balto md. (13)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City St. Gares (No. Hor	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Islite Single, married Wisower, morved (Write the word)	(Month) (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  1 day,hrs.	and that death occurred on the date stated above, at 2 am.  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory Application Contributory Application Contributory Secondary Contributory
10 NAME OF FATHER Jonal Brow  11 BIRTHPLACE OF FATHER (State or country) Sermany  12 MAIDEN NAME	(Signed) (Buration) yrs mos ds.  (Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
of Mother G. Serner  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  M. G. Martin	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENCE) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death?  Former or filt for O
(Address) same add 16 Filed Daw. 12, 1915 Alexand A. Loos Deputy & Local REGISTRAR	USUAl residence. D

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerpenal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Moasics (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgeultal," "Senile," etc.), "Tropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of State cause for Never report For vio-



STATE OF MARYLAND state Very CERTIFICATE OF DEATH pinous PHYSICIANS shou Registration Dist. No. If death occurred in .....Ward) a hospital or institution. RECORD give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINCLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED. BINDING (Month) (Day (Year) ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ciassified. 4 (Month) (Day (Year) TAGE If LESS than ס and that death occurred on the date stated above, at ... C f day,.....hrs. OR ..... ? properly 8 OCCUPATION (a) Trade, profession, or 0 INK particular kind of work ESERVE supplied. (b) General nature of industry, business, or establishment in UNFADING may which employed (or employer) ..... carefully sur that it ma certificate. Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 of ARGIN WITH terms. n back Louiso 11 BIRTHPLACE pino PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL, instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) \_ 13 BIRTHPLACE At place in the OF MOTHER (State or country of Inform DEATH State ..... yrs, \_\_\_\_ mos, \_\_ \_\_\_\_\_ yrs. ... mos. ..... ds. WRITE Where was disease contracted. if not at place of death? Former or POF Item Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 No. 20 UNDERTAKER ADDRESS σi RECISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked ou may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ebildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Disease causing death—It is primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. ete. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic which surgical operation was undertaken. mia," "Puerferal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement. of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," For VIO-



FOR BINDING RESERVED MARGIN

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

PLACE OF DEATH	364	STATE OF MARYLAND CERTIFICATE OF DEATH 41
County		Registration Dist, No.
Village or City Anghor	retuse 4	[It death occurred in a hospital or institution, give its MAME lostead street and nomber.]
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAC	5 SINGLE, MARRIED, WIDOWED, OR GIVORCED (Write the word)	16 DATE OF DEATH 27, 1913 (Month) (Day (Year)
6 DATE OF BIRTH	2 Z 191	on fam 21 191 1.5 to 191
7 AGE	tf LESS t	han and that death occurred on the date stated above, at 4 cr
yrs,		ING CAUSE OF DEATH'S Was as follows:
(a) Trade, profession, or	mr_	The state of the s
(a) General nature of industry, business, or establishment to which employed (or employer)		(Duration)mosds
9 BIRTHPLACE (State or country)	md	Contributory Culling Secondary
10 NAME OF FATHER	a Scott	(Signed) (Signed) , M. C
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  MOS	ud	*State the DISEASE LAUSING DEATH, or, in deaths from VIOLENCAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN
of Mother Mare	y Bain	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF ALSIDENCE (FOR HOSMITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	ny	At place In the ot death yrs, mos. ds. State yrs, mos.
14 THE ABOVE IS TRUE TO THE BE  (Informant) Elizabeth	Bacosal	Where was disease contracted, it not at place of death?  Former or
(Address) 31	Donnell	ON THE STATE OF BORIAL
Filed 704, 43, 1914 196	M. Clause	ADDRESS ADDRESS
	REGISTRAR	Tilly and Jule 403 p. Noy

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the bouless or industry, and therefore an additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation—Precise statement of occupation is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of childbirth or miseauriage as "Pueeperal septichac-mia," "Puerperal peritonitis," etc. State cause for eer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scuile," etc.), Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

S. No. 1.

1 PLACE OF DEATH



365

### STATE OF MARYLAND

Co	unty	Baltimore		0		CERTIFICATE	OF DEAL	Н
							Dist. No. 41	100000000000000000000000000000000000000
Vil		yBay View Asylum	illiam S		/ HOSPITAL	St.;Wa	ard) a hospital give its	th occurred in l or institution, NAME instead and number.]
	PERS	ONAL AND STATISTIC	CAL PARTICULA	RS		EDICAL CERTIFICATI	E OF DEATH	
3 5	ex Lal e	4 COLOR OR RACE	Single, Sil MARRIED, WIDOWED, ORDIVORCEO (Write the wo	ngle		January (Month)	(Day	, 191.5. (Year)
8 D	ATE OF BIRT	(Month)	(Day	, 1.849.	January 1	3th, 191 5, to Jar im_alive on Janu	nuary 14th	h, 191 5.
7 A		66yrs		It LESS than 1 day,hrs. ORmin.?	and that death oc	curred on the date st	ated above, at 1	
pa (b) bus	CCUPATION ) Trade, protessic rticular kind of General nature liness, or estal	work Labo of industry, bilishment in			G.	elmonary	Tuber e	exterses kuova
	RTHPLACE (State or co	untry)  Marvla	_	y- «.«. ( 00 00 00 00 00 00 00 00 00 00 00 00 0	Contributory Secondary	Festela	ui ano	kuvar
S	10 NAME O	Willia	m Seymou	r	(Signed)	Il Constion)	M&	mosds.
PARENTS	13 BIRTHPLACE OF MOTHER (State or country) Maryland			*State the Di CAUSES, state TAL, SUICIDAL,	191.D. (Address)	or, in deaths from the control of th	om Violent er Acciden-	
				At place of death yrs	mos. 1 ds. St			
	(Interment)	IS TRUE TO THE BEST	F OF MY KNOW	vds	Former or usual residence	Unknown		
1 6 Fil	1	6 1915 7/	geran.	Baev	19 PLACE OF BU	pkins Hospita	DATE OF B	URIAL, 191.5

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not pald Housekcepers it should be used only when needed. As examples: cated thus: gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the msease Servant, Cook, Housemaid, etc. of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant ueoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of (disease eausing death), 29 ds.; ete. State cause for For vio



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be st that it may be properly classified. DEATH in plain terms, so that it meses instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s Important.

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

S. No. 1.

N.B.

1 PLACE OF DEATH



366

### STATE OF MADVIAND

Co	Ba	ltimore			CERTIFICATE OF DEATH
00	ulley				Registration Dist. No. 41
Vil	lage or City	Bay View Asylu	(No		( HOSPITAL. St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH
3 5	ex Female	4 COLOR OR RACE White	SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	arried	16 DATE OF DEATH January 17th ,1915 (Year)
-	ATE OF BIRT		(With the wo	Iu)	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)					January 4th 1915, to January 17th 5, that I last saw her allow on January 17th 1915
7 A		4 yrs	nos,ds.	It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2 P m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work					My cotie Infection of L. Lung  (Duration) about 14r.  (Duration) yrs. mos. ds.  Contributory Secondary hemorlesse
- BI	RTHPLACE (State or cou	ntry) Marvla	nd		Secondary few munts
	10 NAME OF		vach		(Signed) le Houston Joulson, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Europe				Jan. 18 ,191 5 (Address) GITY HOSPITAL STATES CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER Annie (Unknown)				*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Furone				At place of death yrs. mos. / ds. State yrs. mos. ds
	(Informant) (Address)	STRUE TO THE BES	r of My know Reco	The way	Where was disease contracted, if not at place of death?  Former or usual residence 827 N: Durham St.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	1	1,191.5	Yerism	BALL	Holy Reasener bem Jan 20, 1915  20 UNDERTAKER  J- Lovach  1902 Ashlend

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Duy laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unquallfied, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaeetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgenital," "Senilc," etc.), "Dropsy," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Collapse," "Coma," "Convulsions," "Debllity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustlon," For vio-



OCCUPATION RECORD PERMANENT 0 Cla properly AGE be UNFADING may WITH terms, plain 2 DEATH jo POF CAUSE

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### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Baltimore Registration Dist. No.....4.]. Village or City ....Ward PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) Mouth) 6 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than 1 day, .....hrs. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Buration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... certifical Secondary 10 NAME OF FATHER o back 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. UO 12 MAIDEN NAME instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted KNOWLEDGE It not at place of death? mportant. usual residence 16

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Ilt death occurred in

(Year)

a hospital or institution.

give its NAME Instead of street and number.]

(Day

DATE OF BURIAL

ADDRESS

Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," ctc., without more precise specistatement. material worked ou may form part of the second it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Ceal Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "MarasgenItal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Comu," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (uame origiu; "Cancause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is iess definite; avoid use of "Tumor" for maiig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of



SICIANS should OCCUPATION IS RECORD PERMANENT EXACTLY classified. properly supplied. 300 may 80 0 terms, plain Instructions See Instructi Every Item CAUSE OF Important. OF

OF MOTHER

(State or country)

13 TRTHPLACE

15

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from (Month) TAGE If LESS than and that death occurred on the dats stated above, at\_\_\_\_ 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) OF INJURY; and (2) whether ACCIDEN-CAUSES, state (1) M. OF TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ Where was disease contracted.

> usual residence 19 PLACE OF BURIAL OR REMOVAL

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If not at place of death?

20 UNDERTAKER

Former or

REGISTRAN



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease eausing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The eontributory (secondary or intercurrent) Always qualify all discases resulting from (Recommendations on statement of death), 29 ds.; Never report For vio-

If this certificate is looked over thoroughly and all quostions, answered in detail, it will prevent further correspondence? All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 6 1915 BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

	369		
	1 PLACE OF DEATH	STATE OF MARYLAND	
	into Balturion 61	CERTIFICATE OF DEATH	
Got	unty DUNNING	Registration Dist. No. 3	
Viti	age or City Mt Hore (No. Mt S.	Hope Retriast; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]	
	2FULL NAME		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 51	Male While (Male the word)	16 DATE OF DEATH JOU 26th, 1915 (Month) (Day (Year)	
		17 I HEREBY CERTIFY, That I attended deceased from	
- 01	Moh 26, 1877	Nov 17-1909 to to fun 26h 1915.	
	(Month) (Day (Year)	that I last saw h MM alive on fitter 6,191.5	
TA	GE 1 It LESS than 1 dayhrs.	and that death occurred on the date stated above, at 8.36 m.	
	38 yrs 60 mos 0 ds. or min.?	The CAUSE OF DEATH* was as follows:	
	CCUPATION	Milancholia Chrone-	
	Trade, profession, or Clerk		
bus	General nature of industry, iness, or establishment in ch employed (or employer)	Ceb (Duration) 6 yrs 0 mos 0 ds.	
-	RTHPLACE (State or country)	Secondary & Mening its (Port. Intercular)	
	(State or country) Bulhmore	Secondary Epeliphoid Convulsions - (ab ) (Duration) yrs / mos O ds.	
	10 NAME OF Plu Smiller.	(Signed) Frank & Flankure, M. D.	
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  Germany	*State the DISEASE CAUSING DEATH, OF IN deaths from VIOLENIE	
	12 MAIDEN NAME Margarch Erth	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country)	At place	
14 ,	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Bellies 2	
	(Interment) Records of Mt Househood	If not at place of death?  Former or  Usual residence.  Ballimore Md.	
	(Address). Mr Atope ma	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL	
16 FI	ed Jan. 2), 191 5 70 20 4. Our	20 UNDERTAKER ADDRESS	
-	If more blanks are needed address State Regis	tran C. W. Promblin St. Dalto Becomble W. G. N. C.	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			



[Approved by U. S. Census and American Public Health Association.]

eated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necthe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

se carefully supplied. AGE should be stated EXACTLY. so that it may be properly classified. Exact statement

DEATH in plain terms, so that it mi See instructions on back of certificate.

CAUSE OF DEATH in plain terms. se

N.B.

S. No. 1.

important.

RECORD

PERMANENT

1 PLACE OF DEATH Pol timore

370

### STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist, No. 41
Village or City Bor 20 (No. 1907)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH . 3 ,1915 (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw home alive on 1915
7 AGE   11 LESS 1han   1 day,	and that death occurred on the date stated above, at 12 to on The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Julianian Andrews
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) T. T. Calletine M. O San 3, 1914 (Address) City The Uniquital
(State or country)  12 MAIDEN NAME OF MOTHER  (Country)	*State the DISEASE CAUSING DEATH, OT, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OT HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place of death yrs. mos. ds. State 12 yrs. mos. ds. Where was disease contracted,
(Informant) Hospital Records  (Address) Bay View	Former or usual residence 1801 W. Chapel St.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Balto-berneley Jan Late, 1915
- Jan 3.1 Mala 1 Bace/	20 UNDERTAKER

REGISTRAR

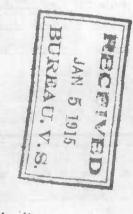
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT 1 PLACE OF DEATH

371



### STATE OF MARYLAND

Co	unty_Baltimore	CERTIFICATE OF DEATH
	- 4 1/1	Registration Dist, No. 41
VII	lage or City View Adylum (. (No. (No. (No. (No. (No. (No. (No. (	St.; Ward)  [it death occurred is a hospital or institution, give its NAME instead of street and number.]
	FULL NAME Jaure Garan.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Mule Libete Single, Married, Widowed, Widowed, Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 D	ATE OF BIRTH	Jan. 9 1915 to Jun. 18 1915
	1875	(1)
7 A	(Month) (Day (Year)	that I last saw hallve on 1913
- A	A day has	and that death occurred on the date stated above, atm
	yrs mos ds. Or min.?	The CAUSE OF DEATH* was as follows:
(a)	OCCUPATION Trade, protession, or Enqueller rticular kind of work	Million Pulvolis.
bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Ouration) yrs 8 mos: ds
9 BIRTHPLACE (State or country) Levele d.		Gontributory Julientin mettingitis
	10 NAME OF RATHER MURRIANIA	(Signed) 4. F. Callaham, M. D.
ITS	11 BIRTHPLACE OF FATHER	Jan 18, 1915 (Address) City The Haspitel
ARENTS	(State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
0	/1	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. 9 ds. State Sixts mas de
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
,	(Interment) Hospital Records	Former or usual residence 2 2 N. Patturson Park Que.
	(Address). / Jay / Lew	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	ed Jaw 20 1915 Marion Back	20 UNDERTAKER ADDRESS
LII	The state of the s	8017

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coul material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

lujury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the decises essential and must be obtained before the certificate programmently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.:....Ward) AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, Manuel Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year TAGE If LESS than f day hrs. as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment In which employed (or employer) BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE 1915... (Address) .\*\* ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. Where was disease contracted. If not at place of death?.... Former or usual residence banantont REMOVAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

Ilf death occurred in

a hospital or institution,

give its NAME instead of street and number.]

(Day

In the

State ..... yrs. \_

DATE OF BURIAL

ADDRESS

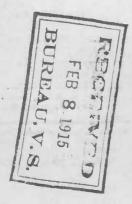
Toyet

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of..... (name origin; "Canture of the American Medical Association.) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., whou a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasics affection need not be stated unless important. cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," cause for For VIO-



RECORD PERMANENT QUIONIB 0 ESERVED N D R A

vi.

1 PLACE OF DEATH

### CERTIFICATE OF DEATH Registration Dist. No. PHYSICIANS It death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDDWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE it LESS than death occurred on the date stated above at 9 40 10 enemal day, .... hrs. The CAUSE OF DEATH\* OR Ja.min. ? properly AGE BOCCUPATION (a) Trade, profession, or none particular kind of work... pe (b) General nature of industry, business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE Contributory. \* (State or country) Secondary that 10 NAME OF FATHER 9 50 back PARENTS terms, 11 BIRTHPLACE (Address). OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME piain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) \_ 13 BIRTHPLACE At place In the OF MOTHER (State or country) DEATH of death ..... yrs. .... mos. .... \_ ds. State . Where was disease contracted. if not at place of death? 6 Former or OF Every Item CAUSE OF Important. usual residence 15 REGISTRAR If more blanks, are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as "Mauager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For VIO-



S. No. 1.

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B.

1 PLACE OF DEATH 374	STATE OF MARYLAND
County Baltimore 28	) CERTIFICATE OF DEATH
County	Registration Dist. No41
Village or City Andura (No. 11)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME CAPILO DE	unionpiela
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
FOX	ang 3, 1914, to for 20, 1915,
(Month) (Day (Year)	that I last saw have alive on 1915
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 5:30 am.
1 day,hrs. ds. ORmin, ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or	I thisis fullianalis
b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) 2 yrs. 1 mos. ds.
9 BIRTHPLACE (State or country)	Gontributory
10 NAME OF GEORGE SULLIER FIELD	(Signed) F. F. Callahan, M. D.
	Jan 20, 191 5. (Address) City It Haspital
(State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER manie Joldman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. 5 mos. 17 ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
(Informant) Charles 7. Evans (MB)	Former or usual residence union ane ; Mariel Paris
(Address) 118 W. M. Royal are-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan 20, 1915 Musiam Ban	20 UNDERTAKER 2 ADDRESS ADDRESS
REGISTRAR	" rule- jule 2038. Wolfe
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Colton mill; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injnry, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal seplichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can thre of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (Recommendations on statement of (disease causing death), 29 ds.; State cause for For VIO-



#### PHYSICIANS should of OCCUPATION IS RECORD PERMANENT UNFADING 0 ATH in plain instructions ā OF Important. CAUSE

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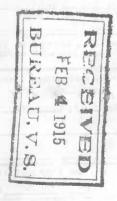
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RAGE MARRIED. WIDOWED. (onth) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH\* was as follows: ....min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. Caller (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) .... 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER 11 BIRTHPLACE ..., 191..... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENT 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. State ..... yrs. Where was disease contracted. KNOWLEDGE If not at place of death?... Former or usual residence. DATE OF BURIAL (Address) ... 15 h. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclamere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendatious on statement of (secondary or intercurrent)



S. No. 1.

N. B.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD A PERMANENT stated EXACTLY. carefully supplied. AGE should be sto that it may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain terms, so that it mi -Every item of information should be CAUSE OF Important.

376 1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Gounty	Registration Dist. No. 43
	Insane [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWED, ORO OF ORCED (Write the workhaverure)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Cot 7 2 1914 to Jan 23 , 1915.
(Month) (Day (Year)	that I last saw h. Mand. alive on
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 6.140 Pm.
7.3 yrs mos, ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Obronie Endocarthilis  (Duration) ; yrs. mos. os.  Contributory Failing Configuration
10 NAME OF FATHER	(Signed) Have E. Austin, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or eountry)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the 7 of death 9 yrs. 1 mos. 1 ds. State yrs. mos. ds
(Informant) Bay Views	Where was disease contracted, it not at place of death?  Former or usual residence
Filed MW24, 1915 Phriam Back REGISTRAR	Loudy Park ben Jan 26, 1915  20 UNDERTAKER  E. Harle  ADDRESS  Loude  ADDRESS

15 E. West If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid neumonia"); Lobar meumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: affection uced not be stated unless important. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing ete. State cause for death), 29 ds.; "Exhaustion," For vio-



S. No. 1.

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15

UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH B.—Every item of information should be CAUSE OF DEATH in plain terms, s important.

STATE OF MARYLAND 1 PLACE OF DEATH Bettenty

CERTIFICATE OF DEATH

Registration	Dist.	No	37
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Ward)

[If death occurred in

DATE OF BORNE

ADDRESS

	give lis NAME Instead of street and nomber.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	Wilder White State of SMARRIED, Marketter Wilder Wilder Wilder Ord Sources (1976) the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day (Year)	
TAG	( )	and that death occurred on the date stated above, atm  The CAUSE OF DEATH* was as follows:  The Cause of the date stated above, atm  The cause of the date stated above, atm
2 (a) (b) bus	OCUPATION Trade, profession, or riticular kind of work General nature of industry, iness, or establishment in chemployed (or employer)	Western hur at Johland Baltimore Daunty -  (Duration) yrs mos. ds.
9 B I	RTHPLACE (State or country) Maryland	Secondary (Doration) yrs mos ds
RENTS	10 NAME OF FATHER W.M. Lalhott.  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME	(Signed) Carrief M Wilhelm & D., M. D.  Jan 1., 1915 (Address) Dockeyswill md  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
¥6.	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

usual residence

20 UNDERTAKER

PLACE OF CURIAL OR REMOVAL



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (6)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) Tuphoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to term for the same disease. ("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE Examples: Cerebrospinal

> LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicion" ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of

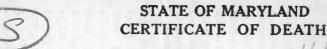


#### V. S. No.

N. B.-

#### PHYSICIANS should of OCCUPATION is PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT stated EXACTLY. that it may be properly classified. should be AGE carefully supplied. DEATH in plain terms, so that it many See instructions on back of certificate. Every item of information should be CAUSE OF Important.

1 PLAGE OF DEATH



		Registration Dist.
Village or City Highlandlown 380/	paster	St: Ward)
	1 11	1

Village or City Fighlandlow 380/(No. 380/	Tasler Care Ward)  St.; Ward)  [it death occurred is a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARATED, Embryon White Substitute	(Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	17 ! HEREBY CERTIFY, That ! attended deceased from, 191, 191, 191
7 AGE  4 month Enly ds. OR min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	4 Month Still Burn Engling (Duration) yrs mos ds
9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER Solver of Table .	Contributory Secondary  (Doration) yrs mos ds  (Signed) 4.73. Sitlow M. D.
11 BIRTHPLACE OF FATHER (State or country)  Manyland  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) .Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs, mos. ds
(Interment) Sillian Carlis	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) 380/ Laster aux	Johns Hopkins Hosp. DATE OF BURIAL
Filed an 25, 191 & N. E. McClanahan	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



COPY SENT TO LOCAL REGISTRAR 10

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

should state of OCCUPATION IS PHYSICIANS RECORD PERMANENT stated EXACTLY. carefully supplied. ACE should be si that it may be properly classified. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain terms, so that it man See instructions on back of certificate. Every Item of Information should be CAUSE OF DEATH in plain terms, s Important. N. B.-

#### 1 PLACE OF DEATH

350

9 anto

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..Ward)

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

4

	PERSO	NAL AND STATISTIC	CAL PARTICULARS	/	MEDICA	L CERTIFICATE	OF DEATH	
M	eller.	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)		16 DATE OF DEATH	(Month)	(Day	, 1915 (Year)
6 D	ATE OF BIRTI	(Month)	// (Day	1915 (Year)	( )		n //	, 191 5
7 A	pa		- 1. de - ) 1 11	LESS than ay,hrs.	and that death occurred The CAUSE OF DEATH THE CAUSE OF DEATH	on the date state	d above, at.//	
(a) par (b) bus whi	CCUPATION ) Trade, protession rticular kind of wit ) General nature o tiness, or establi ich employed (or o  IRTHPLACE (State or cour	rk				y alw 0	-	
ARENTS	12 MAIDEN	ACE IER r country) En	I aylor		(Signed)	(Address) 714  CAUSING DEATH, OANS OF INJURY:	Wash	ingles
PA	13 BIRTHPLA OF MOTH (State of	ACE :	nd	**	18 LENGTH OF RESIDER OR RECENT RESIDENTS) At place of death yrs mos	ICE (FOR HOSPITALS	s, Institutions,	
	THE ABOVE IS	TRUE TO THE BES	F OF MY KNOWLEDG		Where was disease contracted, if not at place of death?———— Former or usual residence———————————————————————————————————		- "	
15	(Address)	11			19 PLACE OF BURIAL O	R REMOVAL	DATE OF B	URIAL 191
Fil	es yau- 19	1. 191 5 HELL	ry a - Xael	OY,	20 UNDERTAKER		ADDRESS	141

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is-indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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CERTIFICATE OF DEATH PHYSICIANS shoul of OCCUPATION Registration Dist. No. It death occurred in .Ward) a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE WIDOWED Widges ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from E OF BIRTH that I last saw her alive on 20 (Year) TAGE it LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 1D NAME OF FATHER (Signed) back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH In plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. \_ DEAT Where was disease contracted. it not at place of death?... ō Former or 9 usual residence. mportant. Every DATE OF BURIAL 16 20 UNDERJAKER GA Flied REGISTRAR

If more blanks are needed, address State Registrat & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an been changed or given up on account of the disease who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," engineer, The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mus," "Old Age," "Shock," "Uraemia," "Weakness," thebia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inapition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



CERTIFICATE OF DEATH 50 Registration Dist, No .... OCCUPATION lif death occurred in PHYSICIANS a hospital or institution. RECORD give its NAME instead of street and number.] <sup>2</sup>FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement FNH 16 DATE OF DEATH 5 SINGLE. 3 SFY 4 COLOR OR RACE MARRIED. PERMAN WIDOWEO. (Month) (Day) (Year) RDIVORCED (Write the word) ZIOZIO HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classifled. 4 (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 0 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: SIHL OR ....min. ? operly 8 OCCUPATION AGI (a) Trade, profession, or particular kind of work suppiled. (b) General nature of industry, business, or establishment in O may which employed (or employer) NFADIN Ш certificate. Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) Œ 10 NAME OF FATHER (Signed) 90 WITH back 11 BIRTHPLACE rms, ENT pin OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME piain 4 OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER yrs. \_\_\_ mos. ATH State Where was disease contracted, WRITE it not at place of death? of ā item OF usual residence. mportant. Every i DATE OF (Address) 16 20 UNDERTAKER ADDRESS Filed. S. 8 Z

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

Very

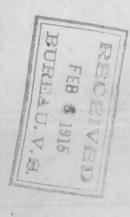
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrement scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thenia," "Anaemia" (merely symptometic), "Atrophy," mere symptoms or terminal conditions, such as "An ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 Examples: For VIO

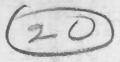


WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

#### 1 PLACE OF DEATH

County Baltimore



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

Village or City Bay View Asylum

CITY HOSPITAL.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME John Taylor

	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale White	5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	January 30th , 1915 (Month) (Day (Year)
8 DA	ATE OF BIRTH		
	(Month)	(Day (Year)	January 29th 1915, to January 30th, 1915. that I last saw him alive on January 30th, 1915
TAG	3E	If LESS than	and that death occurred on the date stated above at 12.15Am.
	7.5. yrsm	1 day,hrs.	The CAUSE OF DEATH* was as follows:
800	CCUPATION		A for
	Trade, profession, or ticular kind of work Tailor		Storptococcie Septicemia
0	General nature of Industry,	00000000000000000000000000000000000000	310000000000000000000000000000000000000
busi	ness, or establishment in		(Burnting) was man of
Whic	ch employed (or employer)	**************************************	(Ouration) yrs. mos. ds.
BI	RTHPLACE (State or country)		Secondary Celluliti's of R. Arm
	- England		0
	10 NAME OF FATHER Unobtei	,0	(Signed) W. Houston Voulssus, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	Me D. C	Jan. 30 th 191 5 (Address) TY HOSPITA
ARE	12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
-			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)		At place of death yrs. mos. 1 ds. State yrs. mos. ds
	HE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(	(Informant)	Min Win . V	osual residence 112 N. Pine St.
	(Address)	WILL VILLE	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	of over 1st 1915 M	resmi Bair	Dallo-Climetery OUT 1915
1116		REGISTRAR	W. Maurice Country 2020 11 He
1	If more blanks ar	'e needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dntles of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerrerat peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"



R. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT carefully supplied. 2 See instructions on back of certificate. N. B.-Every liven of information should be CAUSE OF DEATH in plain terms, s Important.

384 1 PLACE OF DEATH

#### STATE OF MARYLAND CEPTIFICATE OF DEATH

County Dallimore 64	Registration Dist. No. 30
0 4 101	Registration Dist, No. 30
Village or City & atonsville (No	St.;—Ward) [If death occurred in a hospital or lostitution,
FULL NAME Mary Elizabeth	Tenniuk give its NAME instead of street and nombar.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single widowed. Single wildowed. Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Continuo (Day (Year)	Jan 2/ 1915 to law 29 , 191/5. that Viant naw her alive on Jan 28 , 191.5
7 AGE 65 1 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atated above, at 100 Q, m. The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or Seamstrees particular kind of work	Cerebal Herreflegia
(b) General nature of Industry, business, or establishment in which amployed (or employer)	(Duration) yrs mos 8 ds.
9 BIRTHPLACE (State or country) Maryland	Secondary  (Duration)yrsmosds_
10 NAME OF PERLAND & Comments	(Signed) marshall B West, M. p.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Mary 6. Havink	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Mary C. Havenk	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPERS
13 BIRTHPLACE OF MOTHER (State or country)  Holland	At place in the of death yrs, mos, ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseasa contracted, If not at place of death?————————————————————————————————————
(Interment)	usual rasidence
(Address)	New Cathedral Cemetery For 10 1015
Do so Tue Dess holast	20

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Sentle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of Never report For VIO-



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD FOR BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

V. S. No. 1.

Z.

County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 40
Village or City Hyde And (No, Pellie &	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale Ablute Single, Married, Married, Willower, Wording of Write the word)	16 DATE OF DEATH  (Month)  (Duy  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day (Year)	that I last saw halive on
TAGE  If LESS than 1 dayhrs.  ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:  [Xilled Linear Lly by by 0]
(a) Trada, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or ampioyar)	930 St. January 24 1915 (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Balts. Co. Wd.	Contributory Secondary
10 NAME OF Parker Magness	(Signed) AT TO GOVERNMENT OF THE SECOND OF T
11 BIRTHPLACE OF FATHER (State or country)  12 Major Co. Major OF MOTHER OF MOTHER  14 Major Co. Major OF MOTHER OF MOTHER  15 Major Co. Major OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Mary Martin  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
14 THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE  (Interment)	of deathyrs mos ds. Stateyrs mos ds  Where was disease contracted, If not at place of death?  Former or osual residence
(Address) LA Mall R. F. D	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Service, 1918 - S. F. Yorker A. REGISTRAR	20 UNDERTAKER ADDRESS  Lus ant Lun + Day + Tole Old

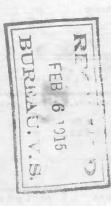
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitie," etc. State eause for childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

	ould state	
KECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
WRITE PLAINLY, WITH UNFADING INA-IHIS IS A PERMANENT RECORD	ted EXACTLY.	
HIS IS A F	should be sta	
- VNI DNIG	r supplied. AGE	ate. 2
WILL UNLA	uld be carefully rms, so that it	back of certific
- PLAINLY,	nformation shot	Instructions on
WKII	very item of i	important. See instructions on back of certificate.
	N. BE	=

Village or City Mt Hope (No. MI)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 37  Hope Remast.: Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Wilowed, Willowed, Or Divorced (Write the word)	16 DATE OF DEATH Au 25, 1915.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 17 1865, 1 (Year)  7 AGE 19 10 (Year)  1 day, hrs.	that I last saw how allve on Saw 24, 1915, and that death occurred on the date stated above, at 3 H m
yrs. — mos. — ds. OR — min. ?  8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	The CAUSE OF DEATH* was as follows:  Chronic Mania - Jerminef  Dementia -  (Duration) / 3 yrs 0 mos ds.
which employed (or employer)  **BIRTHPLACE* (State or country) Halton And N. Va	Contributory Taralysis - Prograsin - Secondary  abt (Duration) / yrs o mos o ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) Frank France, M. D.  Jan 25, 1911 (Address) Mt Hope Rebreas  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Irland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death Zyrs
(Interment) Please of the Best of My Knowledge  (Interment) Please of Met Hope Relinary  (Address) Met Hope Med.	it not at place of death?  Former or usual residence.  Reyser W. Va  DATE OF BURIAL OF REMOVAL  DATE OF BURIAL
Flied Jan. 25, 1916-Wm. G. Queen REGISTRAR	Reiger Wo /a. January 26, 1915 20 UNDERTAKER Stanfal Mowen C 108W North Cw
Il more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. duties of the household only (not paid Housekcepers minc, etc. statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uecbeen changed or given up ou account of the disease it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

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injury, as fracture of skull, and cousequeuces (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," ctc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion," Never report For vio-



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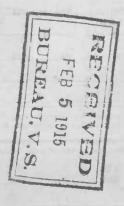
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR BACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191....., to allye on ..... (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day hrs The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs.\_\_\_ Where was disease contracted. If not at place of death? usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS any REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

eause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Dallimore 388	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Calonsville (Nothe Res	Mard Sundry Comest: Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Sincer, wisowed word)	16 DATE OF DEATH JANUARY (Day (Year)  17 A LHEREBY CENTHY: That I attended deceased from
(Month) (Day (Year)	that I last saw h www alive on au 5 1915
7 AGE  STORES  (Stores)  (Tear)  If LESS than 1 day,hrs.  ORmin, ?	and that death occurred on the date stated above, at 3.30 Am. The CAUSE OF DEATH* was as follows:
a occupation (a) Trada, profession, or particular kind of work.  Particular kind of work.	Troncho-preumonia
business, or establishment in Faturing  **BIRTHPLACE**  OF FATHER**  11 BIRTHPLACE**  OF MOTHER**  12 MAIDEN NAME OF MOTHER**  OF MOTHER**  13 BIRTHPLACE**  OF MOTHER**  (State or country)  14 THE ABOVE IS TOUE TO THE BEST OF MY KNOWLEDGE**  (Informant)  (Address)  16  Filed Jan 6, 1915 Warshall Bland  REGISTRAN	Contributory Secondary  Secondary
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, perilonaeum, etc., Carcin-

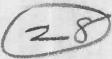
mia," "Puenperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exaant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaccte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Chronia interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (seeoudary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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#### STATE OF MARYLAND

Co	untyBaltimore / 2 X	CERTIFICATE OF DEATH
		Registration Dist, No.41
Vill	2FULL NAME	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
338	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from  Nov 23 1914 to 5, 1915.
7 A C	(Month) (Day (Year)  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the data stated above, at 3 A . m,  The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Trade, profession, or ticular kind of work.  General nature of industry, ness, or establishment in	Qualita Quella de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya
9 81	RTHPLACE (State or country)	Secondary (Ouration) yrs mos ds
	10 NAME OF FATHER	(Signed) A. F. Collabor, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of deathyrs, mas, ds State yrs mas ds.
	Informant)	Where was disease contracted.  If not at place of death?  Former or usual residence.  9 1 6 Reyals St
15 File	(Address) 1915 Milaw Bass REGISTRAR	PLACE OF BURIAL OR REMOVAL  ST. Peters. Cemetery 200. 811, 1915.  20 UNDERTAKER  ADDRESS  ADDRESS
-	If more blanks are needed, address State Regist	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary fireman, etc. But in many 'tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from mns," "Old Age," "Shock," "Uracmia," "Weakuess," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injnry, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. For viomia," "Puerreral perilonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Ilcart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of







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1 PLACE OF DEATH

County Batts	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Rightanton (No. 3229)	The ladelpha's Gast.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single,  Write the wor	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I strended deceased from
G DATE OF BIRTH  Sed 3/1914, 1  (Month) (Day (Year)	that I last saw h allve on , 191, 191
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 9 9 m, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry,	Probabe Insumonia
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Gontributory Secondary  (Guration) yrs mos ds.
OF FATHER (State or country)  12 Maiden Name OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accuracy.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds
(Informant) The Markelbach	Where was disease contracted, > It not at place of death?  Former or
16 Filed Jan 18, 194 U.S. Maladelpha an	19 FLACE OF BURIAL OR REMOVAN DATE OF BURIAL  A Clother Company Company of 1915  20 UNDERTAKER DEDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Batto., Requesting V. S. No. 1

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



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1 PLACE OF DEATH	STATE OF MARYLAND	
County Balls 178	CERTIFICATE OF DEATH	
~ (//	Registration Dist. No. 40	
Village or City Levely Million 1990	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
	MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH RESPONSED TO BEATH	
Married, Married, Widowed, or Divorced (Write the word)	(Month) (Day (Year)	
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from	
unferon	, 191 , to, 191 ,	
7 AGE (Month) (Day (Year)	that I last saw h	
1 day,hrs.	and that death occurred on the date stated above, at	
yrs. mos. ds. OR min. ?	Expense as he asus from the	
BOCCUPATION (a) Trade, profession, or	lidead - in us a chepied	
particular kind of work.  (b) General nature of Industry,	Tourse of Lycles Mill-	
business, or establishment in	on day 14 (Buration) / yrs mos ds.	
which employed (or employer)	Contributory Suppressed Whave	
9 BIRTHPLACE (State or country)	Secondary / 6 440	
10 NAME OF FATHER 2211	(Signed) A. F. M. Guratton) yrs mos ds.	
O 11 BIRTHPLACE	Marify, 1915 (Address) Forfe Out	
11 BIRTHPLACE OF FATHER (State or country) LIMBURY  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
MAIDEN NAME OF MOTHER		
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
OF MOTHER (State or country) such thousand	At place In the of death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) The Government	Former or usual residence	
(Address) Tayli nud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	Valer M. E. Com Lan 19, 1915	
Filed Law 17, 191 5 A F A Torsuch	20 UNDERTAKER ADDRESS	
REGISTRAR	J. Jaredson Bradshay	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," write None. As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably dent; Revolver wound of head-homicide; Poisoned The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



	REC	PHYS of O
ANDREA TOT DESCRIPTION OF THE PROPERTY OF THE	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of 0 important. See instructions on back of certificate.
No. 1.	WRITE PLAINLY, WITH	very item of information should be c. AUSE OF DEATH in plain terms, so apportant. See instructions on back of
70.		M O E

state

8 ż

			0.00		(45)		
I <sub>co</sub>		Baltimore	3927	2-4		STATE OF MAR ERTIFICATE OF	
			-		and the second	Registration Dist	t. No. 41
Vil		Ity Bay View Asylun			HOSPITAL.	St.;Ward)	[it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
		SONAL AND STATISTIC				ICAL CERTIFICATE OF	DEATH
3 si	ex le	4 COLOR OR RACE White	5 SINGLE, S: MARRIED, WIDOWORCED (Write the wo	ingle	16 DATE OF DEATH	January (Month)	27th , 191.5. (Year)
6 D	ATE OF BI		20 40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	, 1.847.	March 8th	191 <b>4</b> , to Jan	attended deceased from uary 27 191 5. lary 27th 1915
TA	GE	68yrs		(Year)  If LESS than  1 day,hrs.  ORmin.?	and that death occur		above, at7. 40 A.m.
(a) pai (b) bus	iness, or es	sion, or	duckster		Chro	ne Cyst	utrawa yrs. mos. ds.
9 BIRTHPLACE (State or country)					Gontributory Secondary	Carcinoma	of Prostate
S	10 NAME FATH	ER Elijal	and n Van Ros	ssen	(Signed) W. Ho	(Buration)	yrs mos ds.
ARENTS	(State	or country) Mary	yland		Jan. 27th 191.  *State the DISEA CAUSES, state (1)		in deaths from VIOLENT d (2) whether ACCIDEN-
PAR		Fanny Fanny	Whitin			DENCE FOR HOSPITALS	INSTITUTIONS, TRANSIENTS.
14 -		PLACE OTHER OF COUNTRY) Mary E IS TRUE TO THE RES	and rof My Know	LEDGE	At place ot death yrs. 9 Where was disease contra	mos. 19. ds. State	yrs, ds
	(Intormant)	Hospita	l Re	coids	it not at place of death? Former or usual residence 162	5 N. Wolfe St	t. incity conour
15	(Address	1 ac m	1 Jay	Uller	MY DAY	mel ben.	JAN 28, 191 6
FII	ed Jan	28,1915	Man L	Projection	20 UNDERTAKER	. /	ADDRESS

(Address).... an 28,1915 Janano Tomo. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when necded. additional line is provided for the latter statement; cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid ineumonia"); Lobar meanmonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac mus," "Old Age," "Shock," "Uraemia," "Weakuess," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (b. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) may be stated under the head of Measles "Scnile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (%)

Statement of cause of death—Name, first, the disease causino death—In all extremely affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness, ture of the American Medical Association.) cause of death approved by Committee on Nomencia injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train-acciver" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can death), 29 "Exhaustion," Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

No. 1. 02 1 PLACE OF DEATH

County Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

Bay View Asylutin: Village or City

Hosnitst foward) Insane.

Ilf death occurred is a hospital or institution. give its NAME instead ot street and number.]

Frank Vopalecky FULL NAME.....

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	4 COLOR OR RACE SINGLE, MARRIED, Warried whowed, ORDIVORCED (Write the word)	Tanuary 35th , 1915 (Month) (Day (Year)		
6 DA	TE OF BIRTH	January 11 th, 191.5, to January 25th, 191.5,		
	(Month) (Day (Year)	that I fast saw h. im alive on January 25th 1915		
7 AG	E   If LESS that 1 day,hr	The CAUSE OF DEATH* was as follows:		
(a) part	CUPATION Irade, profession, or louist kind of work. To ilor	Uraemia and cerebral haemorrhage		
busin	General nature of industry, ess, or establishment in h employed (or employer)	(Duration) yrs. mos. ds.		
9 815	STHPLACE State or country) Bohemia	Contributory Chr, interstitial nephritis		
	10 NAME OF FATHER ?	(Signed) Philip Peraresterio, M. D.  Jan 25, 191 5 (Address) Ch Deloutio Nospital		
PARENTS	OF FATHER (State or country) Boltemia  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
-	?  13 BIRTHPLACE OF MOTHER (State or country) Bohemia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place to the state of death yrs. mos. 14 ds. State 35 yrs. mos. ds		
	nformant)	Where was disease contracted, If not at place of death?  Former or		
	(Address) COS N. Wolfe St.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL		
15 Files	Jan 26, 1915 Meriam Bair	20 UNDERTAKER ADDRESS		
(#		gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crouly";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH 395	STATE OF MARYLAND	
County Ballemore	CERTIFICATE OF DEATH	H
	Registered No.22	***************
Village or City Randslaton (No. 1900)	St; Ward) a hispital n	h necurred in or institution AME instead of number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
Femal Matte Single, Married, Diagle  Willowed, Diagle  Willowed, Diagle  Willowed, Diagle  Willowed, Diagle  Write the word)	(Month) (Day)	1914 (Year)
S DATE OF BIRTH  26, 19/6  (Month) (Day) (Year)	Still with strong fan 26 that Hast saw h elive on Born 1030 a, m.	, 191.5
7 AGE it LESS than 1 day,hrsds. ORmin. ?	and that death occurred on the date stated above, at	10Q m
(a) Trade, profession, nr particular kind of work	Asphynia pressutorum	***************************************
business, nr establishmeof in which employed (nr empinyer)  BIRTHPLACE (State or country)  Alls. Co.	Gentributory Prolofuse of Muchical Cor (Secondary)	3
10 NAME OF M. C. Walbech  11 BIRTHPLACE	(Signed) E. E. Nieholo yrs. mas.  1-26, 1915 (Address) Pisasville, 20	, M. D.
OFFATHER (State or country) Mayland  2 Maiden Name 7 / 12 Maiden Name	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ATAL, SUICIDAL, or HOMICIDAL.	ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) Mayland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR OR RECENT RESIDENTS)  At place in the nt death yrs, mos ds. State yrs, mos	
informant)	Where was disease contracted, it not at place of death?	*****************
(Address) Wandalstown 1	Druid Ridge Jan 28	131 <u>/</u>
Filed Jall, 26 , 1915 Hing G. Naylor. REGISTRAR	20 UNDERTAKER ADDRESS Likeson	lle

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer." But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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S. No. 1.

stated EXACTLY. PHYSICIANS should state properly classified. should be AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. Important.

RECORD

PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s

### 1 PLACE OF DEATH

Village or City.

(Address).....

16

Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

View Asylum.	
00000000000000000000000000000000000000	(NOCITY HOSPITAL

396

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead

	SUNAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
Mal e	4 COLOR OR RACE Black	SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the wo	ord)	January 15th , 1915 (Month) (Day (Year)
DATE OF BIRTH				17 I HEREBY CERTIFY, That I attended deceased from
	(Month)	(Day	, 1878	January 12, 1915 to January 15th 5 that I last saw h im allocon January 15th 1915
AGE	37yrs	mosds.	it LESS than 1 day, hrs. OR min,?	and that death occurred on the date stated above, at 10.5 P.m. The CAUSE OF DEATH* was as follows:
(a) Trade, protessi particular kind of (b) General nature business, or esta which employed (o BIRTHPLACE (State or co	work I all e of Industry, ablishment in or employer)	orer		Gontributory My Ocas de al Insufficiency Secondary
10 NAME (	OF			(Signed) (Si
11 BIRTHE OF FA (State	THER	rland		Jan. 16 , 191 5 (Address) CITY HOSPITAL *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN	OTHER /	nknown)		CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	LACE			OR RECENT RESIDENTS) At place In the

REGISTRAR

20 UNDERTAKER

ADDRESS

DATE OF BURYAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. dication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meninglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neopiasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of....... (name origin; "Caneer" is iess definite; avoid use of "Tumor" for malig-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify aii diseases resuiting from Mcasics (disease causing death), 29 ds.; "Scuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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UPATION PHYSICIANS RECORD PERMANENT S H properly AG × plied. pe/ O may ADIN dns UNF WITH of Informat DEATH IN OF Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in a hospital or Institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR BACE MARRIEO. WIDOWED, (Month) (Dav) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH that I last saw h. lo alive on ... (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The GAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory ..... 9 BIRTHPLACE (State or country) (Secondary) (Duration) \_\_\_\_\_yrs. \_\_\_\_ mos. 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? Former or (Informant) usual residence OF BURIAL OR DATE OF BURIAL (Address) 15 ADORESS REGISTRAR If more blanks are needed, address State Rogis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('aal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necminc, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (a)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Purremeal scotichaeetc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. For vic-"Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowie ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH 398	STATE OF MARYLAND CERTIFICATE OF DEATH
County Calculate	Registration Dist, No. 30
Village or City Calcutser (No. Of)	Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Luy S.	Walstrum of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH /6-1916
Male I Cheek (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH C 20/4	17 I HEREBY CERTIFY, That I attended deceased from
aug 29-, 1869	that I last saw h maily on Stone 6 4 1915
(Mogrifi) (Day) (Year)  7 AGE It LESS than	and that death occurred on the date stated above, at 900 m.
45 yrs. 4 mos. 8 ds. 0Rmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	- A
(a) Trade, profession, or particular kind of work.	Pleneral Page.
(b) General nature of Industry, business, or establishment in	4 1 14
which employed (or employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Manual and	Contributory (Secondary)
10 NAME OF	(Duration) yrs mos ds.
FATHER Drack D'Mishum	(Signed), M. D.
D 11 BIRTHPLACE OF FATHER Z (State or country) Many land	191 U (Address) aroundle Mig
C 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) May Check	At place 3 yrs. 6 mos. 2 ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Intermant) Cella Malstrum	Former or usual residence Pullo, Mil.
(Address) 1006 n. Marlengton Je-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A A A A A	Haly Gos Cem Jan 20, 1815
Filed far 17 1915 marshall 13 wort	20 UNDERTAKER ADDRESS TO CA
REGISTRAR  If more blanks are needed, address State Regis trar. 6	Fornkin St. Raita Ragnesting V S. No. 1

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But ln many CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust y; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation--Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease cause of near affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid--probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Tuenperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," 'Traemia," "Weakness," ... (name origin; "Can State cause for "Exhaustion," Examples:



V. S. No. 1.

County Baltimore 299	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Bulter Jud (No. No. No. No. No. No. No. No. No. No.	Registration Dist, No4]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gluale Acolor or race Single, Married, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH  Jen. 14, 19  (Month) (Day (Yea)  17 I HEREBY GERTIFY, That I attended deceased f  20, 1914, to Jun. 19
7 AGE (Month) (Day (Year)  7 AGE II LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 120 P The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Seuri Hausevock, particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  Perthelace (State or country) Having Cound.	Contributory Secondary
11 BIRTHPLACE OF FATHER Country Way how of Mother and heads of Mot	(Signed) T. CALUMON
(Informant)  (Address)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or Usual residence 2378 Pother St.  19 PLACE OF BURIAL ORREMOVAL PATE OF BURIAL  TO UNDERTAKER ADDRESS
Filed 5. 191 5 REGISTRAR  If more blanks are needed, address State Regis	G. L. Hulley 109 M. Hetrar, 6 E. Franklin St., Balto., Reducating V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it should be used only when uceded. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many ocenpations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, retnrn "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Mcaslcs (disease eansing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State eause for



PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH OCCUPATION IS County... PHYSICIANS should Registration Dist. No ..... [If death occurred to St :----Ward) a hospital or Institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT EXACTLY. 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE, 3 SEX MARRIED, WIDOWED, BINDING (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 stated 6 DATE OF BIRTH (Tear) (Month) (Day) 7 AGE If LESS than pinode 1 day .....hrs. THIS OR ..... mio. ? properly 6 OCCUPATION AGE (a) Frade, profession, or ESERVED particular kind of work supplied. (b) General nature of industry. business, or establishment in may which employed (or employer) ..... certificate. Contributory <sup>9</sup> BIRTHPLACE (State or country) (Secondary) that œ 10 NAME OF FATHER 80 of MARGIN 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE OF MOTHER (State or country) OR RECENT RESIDENTS) \_\_ At place In the DEATH ..... yrs. ..... mos. ..... State ..... yrs, \_\_\_\_ mos. ..... \_ ds. Where was disease contracted. WRITE If oot at place of death?-See of Former or OF usual residence. Every Item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative mealthful For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway Train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperar septichuemus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_\_ nant neoplasms); Measles; Whooping cough; Chronic ver" is iess definite; avoid use of "Tumor" for halls The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for



OCCUPATION PHYSICIANS RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) ZOZ DATE OF BIRTH ā (Month) (Dav (Year) 7 AGE It LESS than 1 day,.....hrs. 0 OR ..... ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, UNFADING business, or establishment in which employed (or employer) .... 9 BIRTHPLACE (State or country) Contributory certifica Secondary 10 NAME OF FATHER of A R G I N 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME Instructions OF MOTHER plai OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or OF usual residence. mportant. OR REMOVAL Every (Address) .-16

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

fit death occurred in St.:...Ward) a hospital or institution. give its NAME Instead ot street and number.]

DATE OF BURIAL

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at..... The CAUSE OF DEATH\* was as follows: (Duration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ ds

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

affection ueed not be stated unless important. valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliggeuital," mere symptoms or terminal conditions, such as "Asoma, Sareoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae. cause. etc., when a dcfinite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aeci ACCIDENTAL, SUICIDAL, OF HOMICIDAL. OF as probabby ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



S. No. 1.

N.B.

PHYSICIANS should state of OCCUPATION is very Exact statement stated EXACTLY. properly classified. AGE should carefully supplied. DEATH in plain terms, so that it ma See instructions on back of certificate. DEATH in plain terms.

UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH -- Every Item of information should be CAUSE OF DEATH in plain terms, s important.

PLACE OF DEATH	402
Baltimore	(49

### STATE OF MARYLAND CERTIFICATE OF DEATH

	HIII by earth of the last					on Dist	No. 41
Vil		Bay View Asylum		),,	HOSPITAL.  st.;		[if death occurred in a hospital or institution, give its NAME instead of street and number.]
_		ONAL AND STATISTIC			MEDICAL CERTIFIC		
3 s	ex Female	4 COLOR OR RACE Black	5 SINCLE, MARRIED, WIDOWED, OR DIVORCED (Write the wo	uknou	16 DATE OF DEATH Janu (Mont	lary	21 st , 1915 (Day (Year)
-	ATE OF BIRT		************************************	, 1.867 (Year)	November   8th   5, to	Janua	
7 A		48 yrs		If LESS than	and that death occurred on the date. The CAUSE OF DEATH* was as fo	e stated a	
7(b) bus wh	) Trade, profession rticular kind of w ) General nature ( siness, or estab- ich employed (or IRTHPLACE (State or cou	ork Dom of Industry, lishment in employer)			Contributory Secondary (Dura	tion)	he (leary yukupun ds
ARENTS	10 NAME OF FATHER  11 BIRTHPL OF FATI (State of 12 MAIDEN	Adam Edw Ace Her r country) Virg	ards		11 01.	nei	OSPITAL.  In deaths from VIOLENT (2) whether ACCIDEN
<b>a</b>	13 BIRTHPL OF MOTI (State o	ACE HER T country) Virg	Spence	LEDGE	18 LENGTH OF RESIDENCE (FOR HOOR RECENT RESIDENTS) At place of death yrs2 mos3 ds. Where was disease contracted, if not at place of death?Lunk	In the State	yrs, ds
15	(Address)	Bay	Vin	<u> </u>	19 PLACE OF BURIAL OR REMOVA Laurel 6 Limiter	L /	on St.  DATE OF BURIAL  DAW 23 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use. of "Crouly";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Schile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



certificate.

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Instructions

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### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County /Jul Registration Dist. No. [if death occurred in Ward) a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WELL (Month) (Year) (Day) OROIVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, at..../ 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ------Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signer (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... State \_ ds. Where was disease contracted. if not at place of death?----Former or usual residence ATE OF BURIAL REGISTRAR If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. T.

[Approved by U. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of agewho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in mady Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not Staten If retired from business, that fact may be indiin important, so that the relative lealthful-Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purpereal septichargenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary). 10 ds. valvular heart disease; Ohronic interstitial nephrtiis oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." dent; Revolver wound of haad-homicide; Polsoned Accidental drowning; Struck by railway train-acciis icss definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1915
BURDAU, V.S.

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DEATH

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Instructions Information

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PHYSICIANS

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Sallo Registration Dist. No. lit death occurred in a hospital or Institution, give its NAME instead of street and nombar. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE an MARRIED, WIDOWS CUTTLE (CONDIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than 1 day ..... hrs. SOCCUPATION (a) Trade, profession, er particular kind of work. (b) Genaral nature of Industry. business, or establishment in (Buration) which employed (or employer) -----Contributory On 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. If not at placa ot death? usual residence E OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar definite, indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Wcakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," eer" is less definite; avoid use of "Tumor" for mailg mant neoplasms); Heasles; Whooping cough; Chronic cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ampie: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis ture of the American Medical Association.) Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For viooma. Surcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can "Exhaustion, Never report Examples:



N. B.-

PLACE OF DEATH 400 ST

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

Village or City Catousville (No Spring From State Happyton)

[If death occurred la a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Fannie Wells

2FULL NAME Varie We	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, marrel Woods, wisowes, or Divorces (Write the word)	16 DATE OF DEATH Jany. 13, 1915  Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6- DATE OF BIRTH	
Month (Day (Year)  7 AGE   If LESS than	that I last saw h 2 allve on Jan, 13, 1915.
67 yrs 6 mos 5 ds 1 day,hrs.	and that death occurred on the date stated above, at 3m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry.	Chr. Bright's Desease
business, or establishment in	(Duration)yrsmoses.
which employed (or employer)  PRINTHPLACE (State or country)	Gentributory General anasarca Secondary
10 NAME OF FATHER LENTE L. Skall  11 BIRTHPLACE OF FATHER  20 FFATHER	(Signed) J. Pescy Wale, M. D.  Odry 13, 1914 (Address) Catonsville Ind
(State or country) Manyland  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Clay land	or RECENT RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTA.  At place of death yrs. 3 mos. 3 ds. State 6 7 yrs. 6 mos. 6 ds
(Informant) facel 5. Willon	Where was disease contracted, Baltimore md  If not at place of death?  Former or  usual residence 1304 Linden ave
(Address) 1304 Linide ave	Mount Olivet Pany 6 1915
Filed Jane 13, 1915 Marsfell B West. REGISTRAR	6. M. Mitchell 1201W. Fayette:
Af more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The vature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Every item of information CAUSE OF DEATH in piail Important. See Instructions

V. S. No. 1.

N. B.-

1 PLACE OF DEATH	OF DEATH
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County Backmery



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 444

Village or City Helena (No. , )	St.; Ward)  [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
determinable White (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Au. 25 6  (Month) (Day (Year)	that I last saw h
7 AGE  VLESS than 1 dayhrs.  yrs	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Dill born (2 months)
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 1/ Helena Bacto Co	Secondary anstrone Self induced Secondary about in suspected (Ouration) yrs. mos. ds.
10 NAME OF HENRY Werisecke	(Signed) G. M. O. Jan 26, 1915 (Address) Phanois Forms
C State or country) Ballo. Co, Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicipal, or Homicipal.
of Mother Nelda Ruhl  13 BIRTHPLACE OF MOTHER (State or country) Balts G. Mid	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos ds
(Informant) Hilda Weineelle	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) Dr Helina. Bact. C. Mid 16 Jan 26 1915 G. McKomics Com	19 PLACE OF BURIAL OR REMOVAL  Plent to Caratomical Autoratory, 191
Filed YUM 76, 1913	John Hopkins Medical Johns.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, maninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 8 1915
BUREAU, V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

carefully supplied. AGE should be stated EXACTLY. o that it may be properly classified. Exact statement

DEATH in plain terms, so that it m See instructions on back of certificate.

Important.

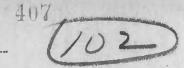
Every item of information should be CAUSE OF DEATH in plain terms, s

N.B.

RECORD

PERMANENT

### PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or	City St. ag	nes Ofm	opita	<u> </u>
	1/			

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME M. O. Bruse H.	heler or street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH
6 0	TATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Month) (Day (Year)	that I last saw hand alloe on January 9, 1915
7 A		and that death occurred on the date stated above, at
	5 7 yrs mos ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	Gastree ulcer or carcenousa
	a) Trade, profession, or famuer	Merforated - local aboces - drawned
	) General nature of Industry.	and per ant gaster-auterestoning
	siness, or establishment in aich employed (or employer)	(Ouration) yrs mos ds
	IRTHPLACE (State or country)	Contributory Stansation
	10 NAME OF Jacob: Wheeler	(Signed) Edwin Darket, M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT
(State or country) West Virginia  Mailen Name OF MOTHER		CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
0	Mary Hammer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) 20 not know	At place of death yrs. mos. ds. State yrs, mos, ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	(Informant) Ms-O.B. Wheeler.	Former or usual residence Canaden Lenvis Co. 24. Va
	(Address) Canden Levis Co. H. Va	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		Weston W. Va. gan 21 1915
FI	led Jan 19/1915 - Of A X 000	20 UNDERTAKER ADDRESS
	REGISTRAR	C.F. Inc Cormick 1931 Gr. Fayettes

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Eiphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of "ungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tnmor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. ample: Measles (disease causing death), 29 ds.; affectiou need not be stated unless important. oma, Sarcoma, etc., of.... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### S. No. 1.

1 PLACE OF DEATH

County Baltimore.

Village or City Bay View Asylum

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 41

The state of the s	OI	TV	/ 1	11	20	DI	7	A 1	
(No	OI	1 1		7	DS		1	ΑI	_
. ( NO	****		-	****	delmarke.				-

St.: Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

### Julia Williams FULL NAME....

	PERSONAL AND STATISTICAL F	ARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	Semale 4 COLOR OR RACE SINGLE, MARRIED, WILLOW WIDOWED, ORDIVORCED (Write the word)				
-	ATE OF BIRTH	The the word)	17 I HEREBY CERTIFY, That I attended deceased from		
U	ALE OF BIRTH		September 21, 191 & to Januaru 15th, 191 5.		
	(Month)	(Day (Year)	that I last saw h.er alive on January 15th 1915		
7 AG		(Day (Year)			
	55yrsmos	1 day,hrs.	and that death occurred on the date stated above, at 2.45 Am The CAUSE OF DEATH* was as follows:		
800	CCUPATION				
(a)	Trade, profession, or ticular kind of work	.C	Chronie by ocardeles		
	General nature of industry,		Lukubar		
	iness, or establishment in ch employed (or employer)		(Duration) yrsmosds		
	RTHPLACE		Contributory Vectorio Selevoses		
	(State or country)		Secondary		
ENTS	10 NAME OF FATHER Edward Day	idean	(Signed) Le Chine (Signed) yrs mos ds		
			Jan. 15 , 191.5 (Address) CITY HOSPITAL.  *State the Disease Causing Death, or in deaths from Violence		
PARE			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDETAL, SUICIDAL, OF HOMICIDAL.		
			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE)  Af place In the of death yrs. 3 mos 21 ds. State yrs, mos. ds		
(Informant) Cara (Address)		Records	Where was disease contracted, If not at place of death?  Former or usual residence.  Unknown		
		View	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL		
Filed Jan 16/1915 Missam Baen			M. Juburn Jam. 18, 1915  29 UNDERTAKER  ADDRESS		
		REGISTRAR	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Luborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uee-Civil engineer, Stalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Colton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or inlscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstilial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." Accidental Mouning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ete., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvnlsions," "Debility" ("Conthenla," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of For vio-





carefully supplied. AGE should be sit that it may be properly classified.

certificate.

in plain terms, so uctions on back of

CAUSE OF Important. S

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PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT stated EXACTLY.

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

S. No.

1 PLACE OF DEATH

Baltunon



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

illage or City WHATE Reha	oh Withing.	)/ (St.; Ward)
---------------------------	-------------	----------------

Elley Wilson

[It death occurred in a hospital or institution, give Its NAME instead of street and number.]

FULL NAME			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Filmel White (Write the word)	16 DATE OF DEATH  Jau  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from		
6 DATE OF BIRTH Dout Know	May 1890 to Jan 6th 1915.		
(Month) (Day (Year)	that I last saw h alive on Jan 6th 1915		
7 AGE  abt 5 3 yrs 0 mos ds.   If LESS than 1 day,hrs. or	and that death occurred on the date stated above, at Non m.  The CAUSE OF DEATH* was as follows:  Chronic Dementia (Fruinal)		
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	abh (Duration) Z 7 yrs. 6 mos. 0 ds.		
9 BIRTHPLACE (State or country) Inland	Contributory Chr. Nephritis - Secondary  abt (Doration) Z yrs o mos o ds.  (Signed) Frank & Flannry M. D.		
11 BIRTHPLACE STATE (State or country) Not Known  12 Maiden NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 2 7 yrs. 0 mos. 0 ds. State 7 yrs. mos. 0 ds		
(Interment) Recording Mutitione Retreat	Where was disease contracted, Baltimore (?) If not at place of death?  Former or usual residence. Baltimore III (-		
(Address) My Hope md	Two Cathedral Cly James 1915		

REGISTRAR

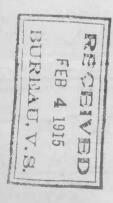
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. dnties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, been changed or given up on account of the disease Housewife, Housework; or At Home, and children, not it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) "Contributory." naut neoplasms); Measles; Whooping cough; Chronie cause of death approved by Committee ou Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhanstion," For VIO-



V. S. No. 1.

	shoul ION I
RECORD	PHYSICIANS of OCCUPAT
INK-THIS IS A PERMANENT	ed. AGE should be stated EXACTLY.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	1. B.—Every Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Information. See Instructions on back of certificate.
	f. B.

state

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred in Village or City .Ward) a hospital or Institution, give its NAME lostead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) (Month) OR DIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH that I last saw h And allve on .. (Day) (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 3.40 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Frade, profession, or particular klod of work (b) General nature of industry. business, or establishment io which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) (Deration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ..... yrs. .... mos. . State # yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. TRUE TO If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ageness of various pursuits can be known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcinoses

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1 PLACE OF DEATH

Coun	ty_Ba	ltimore	- (	11)	CERTIFICATE OF DEATH  Registration Dist. No. 4/
Viiiag					Ist Ave., St.; Ward)  [If death occurred is a hospital or lostitution, give its NAME instead of street and number.]
	PERSO	ONAL AND STATISTI	GAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ala	4 COLOR OR RACE White	5 SINGLE, MARRIED, SI WIDOWED, ORDIVORCED (Write the wo	_	16 DATE OF DEATH  (Month)  (Day  (Year)
	E OF BIRT	H Sept		, <u>914</u> (Year)	17
AGE	,	yrs 3	mos 28 ds.	if LESS than f day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH was as follows:
particu	UPATION ade, profession ular kind of we energi nature	orkof industry.	******************************	Poddm200000000000000000000000000000000000	Convulsion
which e	employed (or HPLACE tate or cou	employer)	imore. Co	•	Contributory Secondary
	NAME OF	Michael V	Wlecek,		(Signed) (Deration) yrs mos ds.
ENTS	OF FAT	ACE HER or country) Aus	tria,		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL OF HONORIEST ACCIDENTATIONS OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T
PARENT	OF MOT		ie Czecho	CZechotowska,  Czechotowska,  Czechotowska,  Czechotowska,	
16	BIRTHPL OF MOTI (State o	ACE HER Al	ustria,		Af place in the of deathyrs mos ds. Stateyrs mos ds
	ormant)N	s TRUE TO THE BES	cek,	LEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
15		4107. 1.5	a min (a)		St. Stanislaus. Cemetery Jan. 7, 191
Filed	you.	6-1914 W.E	. / w Cla	REGISTRAR MA	wilriam Fialkowski 1610 Eastern Ave.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



PERMANENT RECORD

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

state	PLACE OF DEATH	STATE OF MARYLAND
D s	County Baltinum	CERTIFICATE OF DEATH  Registration Dist, No. 41
HYSICIANS should be considered to the control of th	Village or City Highland own (No. 108, 4) 2FULL NAME Dernadelle	S. Shired est. St.; Ward)  [If death occorred is a hospital or institution, give its NAME tosfead of sfreet and number.]
ent.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
EXACTL's statem	Jens ale White Single Wilder the work	Jaw. 22 ,1915 (Month) (Day (Year)
Exac	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
ould be st classified.	7 AGE  (Month) (Day (Year)  1 LESS than 1 day firs.	and that death occurred on the date stated above, at 1/2 36, m,
AGE sho	© OCCUPATION (a) Trade, profession, or	The CAUSE OF DEATH* was as follows:
ay be	particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. ds.
arefully su that it m certificate.	9 BIRTHPLACE (State or country) Faltimore Co.	Contributory Secondary  (Bupfilon) yrs mos ds.
formation should be c TH in plain terms, so instructions on back of PARENTS	Jern all Stoy	(Signed)
	(State or country) Patterners Co.  12 MAIDEN NAME Theres a Thanks	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  Serve any	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,
DE DEA	(Interment) Hern and Wolf	If not at place of death?————————————————————————————————————
CAUSE CIMPortant	(Address) 708 8. I had 48.	Sacred Steat Com. Jaw. 23, 1915
Z. B.	If more blanks are needed, address State Regist	train, 6 E Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senlle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICEDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes oma, Sarcoma, etc., of..... (name origin; "Can-The contributory Always qualify all diseases resulting from (Recommendations on statement of (disease eausing death), 29 ds.; (secondary or intercurrent) State cause for



Village or City Januson (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malu Why. (Special word)	16 DATE OF DEATH LANY 1 G (North) (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from
TAGE  ODATE OF BIRTH  (Month)  (Day  (Year)  Tage  It LESS than  t day  here	that I lest saw here elive on fary / 6 , 1915.  that I lest saw here elive on fary / 6 , 1915.  end that death occurred on the date stated above, et 14.20 qm.  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Indostry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos 4 ds.  Contributory Ludyush owill Secondary
Dalto Mil.  Dalto Mil.  Dalto Mil.  10 NAME OF FATHER Alwander Traff  11 BIRTHPLACE OF FATHER (State or country) Lormany  12 MAIDEN NAME  OF MOTHER	(Signed) (Boration) yrs mos ds.  (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Seure Wess  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENCE)  At place in the ot death yrs mos ds  Where was disease contracted, If not at place of death? Former or
(Address) September 1815 House G. May Gr. FIEGISTRAR	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL  1 - 18

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second (a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1915
BUREAU, V. S.

UNFADING

RECORD

PERMANENT

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Baltiner SICIANS should occupation is Registration Dist. No ... PHYSICIANS lif death occurred in ----Ward) a hospifal or institution, give Ifs NAME Instead of sfreef and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE MARRIED. WIDOWEU. (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ciassified. (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. properly Interoculario ш BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of Industry. business, or establishment in (Duration) 2 yrs mos X ds. which amployed (or employer) may 9 BIRTHPLACE (State or country) Secondary Buch 10 NAME OF FATHER 20 ō pe back ARENTS 11 BIRTHPLACE (Address) ... pinous OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 50 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME piain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country) In tha of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ \_ ds. State \_\_\_\_\_ yrs. \_\_ Where was diseasa contracted. If not af place of death? 0 Former or OF Item Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 0 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care applies to each and every person, irrespective of age. cated thus: Earmer CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-"Contributory." Accidental drowning; Struck by railway train—acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tctanus) may be stated under the head of Meastes (disease causing death), 29 ds.; (Recommendations on statement of Never report For Vio-

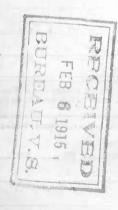


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcin

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14

PLACE OF DEATH  Gounty Ballo  Village or City Delight (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I MEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw ham alive on fan 84 ,1915.
TAGE  If LESS than t day,hrs orhrs or	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country)	Contributory Secondar  (Duration) yrs mos de
11 BIRTHPLAGE OF FATHER (State or eountry)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Yer man 4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the post death yrs mos ds
(Intermant) AUT Change of MY KNOWLEDGE  (Address June 4 1 10 M CF.	Where was disease contracted, If not at place of death?  Former or  USUAL PERIOD REMOVAL DATE OF BURIAL
Filed Jan 11 1915 Tomblede REGISTRAR	Dretted Redge Gent Jan 12. 1916. 20 UNDERTAKER  A F. Coline Restaut
If more blanks are needed, address State Registr	rar, 6 M. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee en Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably shicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raileay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily which surgical operation was undertaken. For visitent dearths state means of injury and qualify as childbirth or miscarriage as "Puerreral septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exbaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH



If more blanks are needed, address State Registrar,

#### STATE OF MARYLAND

6 E. Franklin St. Balto., Requesting V. S. No. 1.

County	Balto (28)	CERTIFICATE OF DEATH
0041117		Registration Dist. No.
Village o	FULL NAME Elisabeth	Schulor st.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	uale White Single, Single will white the word .	16 DATE OF DEATH  (Month) (Day (Year)  17 I hEREBY CERTIFY, That I attended deceased from
6 DATE OF	F BIRTH  Que 12, 1890  (Month) (Day (Loar)	that I last saw her alive on January 11, 1915.
7 AGE	24 o mos ds. OR min.?	and that death occurred on the date stated above, at 10 A.m., The CAUSE OF DEATH* was as follows:
particular k	profession, or at Louis	Julmonom Julenculosis
business, o	i nature of industry, r establishment in oyed (or employer)	(Duration) 2 yrs mos, ds.
	or country) Ballinore	Contributory Secondary
F	AME OF ALLIEN Supplies	(Signed) Frank a search, M. D.
Z (S	State or country) Lembany	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SELECTION OF HONORINAL OF
AA O	OF MOTHER Warn Schumacher	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERE
O.F.	RTHPLACE F MOTHER State or country) & Balt	At place lo the of death yrs mos ds. State yrs mos ds
(Intermar	nt) Author Seppling	Where was disease contracted, If not at place of death?  Former or usual residence
16	ddress J. 321 Schulor	Mr Carusel Queley Jan 16 1915
Filed	Me. 14, 19 12 The Caualian Tyle	LIMINGS & OX DOOR Colocus

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1915 BURBAU, V.S.